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TRANSACTIONS

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OF THE

HOMŒOPATHIC MEDICAL SOCIETY

OF THE

STATE OF PENNSYLVANIA.

FIFTEENTH ANNUAL SESSION,

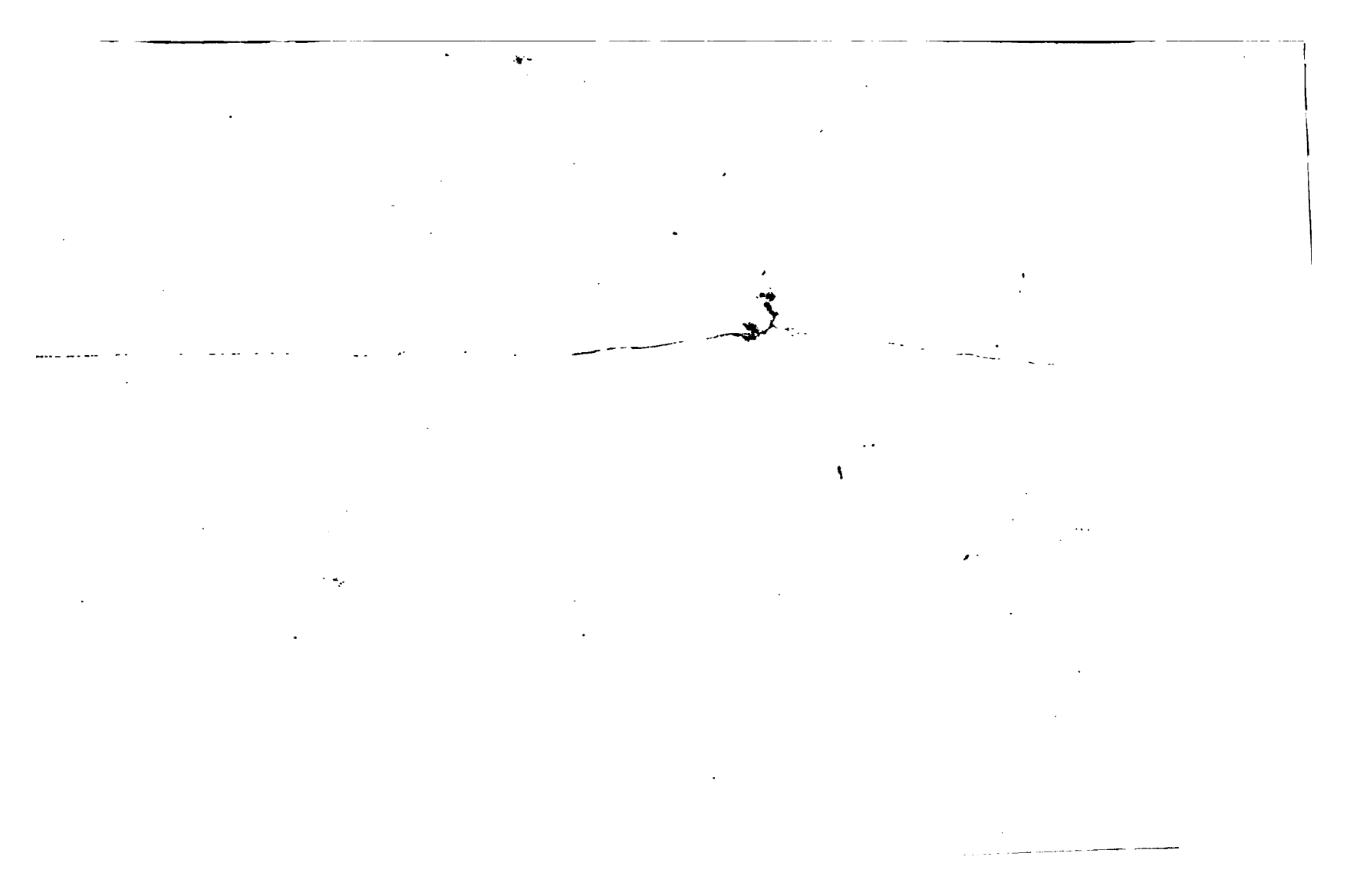
Held at Cre[illegible]on Springs, Pa., September 2d and 3d,

1879.

PITTSBURGH:

MILLS & BRO., PRINTERS, No. 53 NINTH STREET,

1879.



PREFACE.

THE printing and issuing of the Transactions of the State Society have been delayed so long, and the interest of a large proportion of the membership has diminished, on account of this, to such a degree, that it is almost impossible to secure a full attendance at the meetings.

At our late session, it was considered of the utmost importance to issue this volume as soon as possible, in order to assure those who are becoming careless, that, the Society has vitality enough to bring it up to a standard of usefulness.

The Committee of Publication have used the greatest diligence to forward the work assigned them, and now submit it to the members of the Society.

Z. T. MILLER, M. D.,
R. E. CARUTHERS, M. D.,
W. H. WINSLOW, M. D.,
J. F. COOPER, M. D.,
Committee of Publication.

November 1st, 1879.

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CONTENTS.

Organization of the Session, ... 9
Address by the President, ... 9
Calling the Roll of Members, ... 22
Correcting the List of Members, ... 22
Report of the Treasurer, ... 23
Report of the Corresponding Secretary, ... 24

REPORTS TO AND FROM OTHER ORGANIZATIONS:

Anatomical Society of Allegheny County, ... 26
Homœopathic Medical Society of Allegheny County, . . 27
Hahnemann Medical College of Philadelphia, ... 28
Homœopathic Hospital and Dispensary of Pittsburgh, . . 29
Report of the Committee of Publication, ... 30
Report of the Auditing Committee, ... 34
Report of the Board of Censors, ... 34
Report of the Committee on Legislation, ... 35
Report of the Committee on the President's Address, ... 39

REPORT OF THE BUREAU OF MATERIA MEDICA, WITH DISCUSSION.

The Materia Medica; Its Present Status and Dangers. By J. K. Lee, M. D., ... 40
Our Materia Medica; How to Read It and How to Utilize It. By Ad. Lippe, M. D., ... 47
Apis and Podophyllum Compared in Infantile Diarrhœa. By W. J. Martin, M. D., ... 53

REPORT OF THE BUREAU OF GYNÆCOLOGY, WITH DISCUSSION.

A Case of Uterine Tumor. By J. H. Marsden, A. M., M. D., 57
Congestive Dysmenorrhœa. By J. C. Burgher, M. D., . . 67

REPORT OF THE BUREAU OF OBSTETRICS, WITH DISCUSSION.

Rigid Os Uteri as a Cause of Tedious Labor. By M. Friese, M. D., 74

REPORT OF THE BUREAU OF CLINICAL MEDICINE, WITH DISCUSSION.

Fragaria Vesca in Agalaxia. By C. Mohr, M. D., . . 83
A Case of Hepatic Abscess, with Operation. By M. Friese, M. D., 85
Tuberculous Disease of the Mesentery. By A. Korndœrfer, M. D., 87
Chronic Nasal Catarrh. By the Homœopathic Medical Society of Allegheny County, ... 88

REPORT OF THE BUREAU OF OPHTHALMOLOGY AND OTOLOGY, WITH DISCUSSION.

Eczema Auris. By R. E. Caruthers, M. D., ... 108
Rare Sympathetic Ophthalmia. By W. H. Winslow, M. D., . 116

REPORT OF THE BUREAU OF CLIMATOLOGY.

Air in Health and Disease. By T. M. Strong, M. D., . . 119

REPORT OF THE BUREAU OF SURGERY, WITH DISCUSSION.

Hypertrophy and Eburnation of the Femur. By W. R. Childs, M. D., ... 125
Caries of the Tarsal Bones. By Ross V. Pitcairn, M. D., . 130
Principles of Orthopraxy. By J. H. McClelland, M. D., . 132

Report of the Historical Committee, ... 143
Report of the Yellow Fever Committee, ... 144
Report of the Necrologist, ... 149
New Business, ... 151
Appointment of Bureaus, ... 153
Appointment of Committees, ... 154
Election of Officers, ... 155
Adjournment, ... 156
Constitution and By-Laws, ... 157
List of Members, ... 163
Necrological List, ... 168

PROCEEDINGS

OF THE

FIFTEENTH ANNUAL SESSION

OF THE

HOMŒOPATHIC MEDICAL SOCIETY

OF THE STATE OF PENNSYLVANIA.

Held at Cresson Springs, Pa., Sept. 2d and 3d, 1879.

The Society was called to order at 10 A. M., by the President, Dr. L. H. Willard, of Allegheny City, who then delivered the Annual Address:

LADIES AND GENTLEMEN:—In accepting the position of your presiding officer, conferred on me at the last meeting of this Society, allow me to express my thanks for this unexpected honor.

It was once the custom of the ancient Greeks, especially those engaged in literature (and may be still for aught I know), to meet, occasionally, upon some mountain overlooking their city, and there, away from earthly cares, in the midst of calm and quiet, enhanced by their position on the heights, they would meditate upon the past, consider the theories and views proposed, compare and find their value, adopt the good, and reject the false. Thus, away from the toil and bustle of every-day life, new views and most profound thoughts upon the past, present and future, were brought forth and given to the world, thereby enriching it.

By resolution of this Society at the annual meeting held in Pittsburgh last year, this place was selected for our

meeting. By a resolution adopted a few years ago, the President was requested to give, as his address, a *resumé* of improvements in medicine, surgery, etc., during the preceding year. Hence we see, this meeting, upon the summit of the mountains of our native State, bears some similarity to the custom of the ancient Greeks. It is my duty to give the summary of the last year. Many things have, perhaps, been left out of this address, for which I will, in advance, crave your indulgence. The present and future, ladies and gentlemen, are your share of these deliberations, and we hope that this meeting may emulate, nay, excel, those of the ancients, and be to each and all of us, a green spot in professional life.

The past year, the time allotted me from which to note improvements made and ideas advanced, has been wonderfully prolific in inventions. But a period of one or two years, is indeed, in medicine, a limited time to determine the power or effect of any subject proposed. That we are becoming awake to the necessity of a more thorough investigation of our *Materia Medica*, is manifest from the zeal which is displayed, and it would seem as if a step had been taken in the right direction, following out the demand which is often heard, that what we do, what we use, should be thoroughly investigated and spread before us in a manner solely for truth.

The physician is now taking to his aid, in this long neglected duty, the microscope, control experiments, recorded observations upon the eye, ear, kidneys, etc. That such investigations are proper is patent to every fair-thinking mind. By the means proposed, we would avoid many errors in regard to the proving of the higher preparations of our drugs, and give them a place to which they rightly belong.

It is not my wish to be a partisan, nor could there be any objection raised to any proving or provings, if suitable care is taken, at first, that the symptoms common to the

healthy are separated from those of the drug. With a desire, we hope, to find the value of provings made with the higher dilutions, the members of the Milwaukee Academy adopted, during the past year, the test proposed by Dr. Sherman. The proposal is made in good faith, and I see no objection to the first part of it, which is to test the efficacy of the 30th dilution of Aconite on the healthy system. A vial of pure sugar pellets, moistened with the thirtieth Hahnemannian dilution of Aconite, and nine similar vials, moistened with pure alcohol, so as to make them resemble the test pellets, shall be given to the prover. The vials are to be numbered from 1 to 10. The number given to the Aconite vial shall be unknown to the prover, and it shall be his task to determine which of the ten vials contains Aconite.

Without discussing the merits of the thirtieth dilution, which, very probably, does not produce medicinal symptoms upon the healthy, I have found in my experience that we possess many remedies, which given in the thirtieth dilution have cured disease. Of this I have been just as confident as I should have been, had the remedy been the crude drug.

The proposition of these gentlemen is somewhat of a novelty; but it is one which challenges our attention, and the importance of this test will be the means of leading us, in the future, to carefully consider our provings, and, when subjected to proper investigation, will, from all of us, receive approbation. But to assert that, because the thirtieth dilution, or trituration, will not produce symptoms on the healthy, it will not cure, is a method of reasoning, which, from our experience, cannot be admitted. It is a known fact, which every physician has observed, that during sickness the human system is in a condition to respond to influences, which, in health, have no effect. Hence it would seem useless to argue that, because the thirtieth dilution has no effect upon the healthy, it cannot cure the sick.

The proposer of this test would have shown himself more of a philosopher, and less dogmatic, by omitting his commands to "cease prating about cures unless this test is made." An earnest and sincere desire to find the efficacy of the high dilutions on those in health is much to be desired, and it is to be hoped that every one who attempts this undertaking may be actuated by the highest motives for the public good.

We find the limits of our law of similars defined by Dr. Dake in the *Hahnemannian Monthly*, Vol. 14, No. 1, page 1, *et seq.* It is not universally applicable to every derangement of health, but in the class of diseases to which it can be applied, it is the only law, and its application is universal. He says, that, in the treatment of "human affections similar to those producible by medicines and other agencies, existing in organisms having the integrity of tissue and reactive power necessary for recovery, the efficient causes having ceased to operate, it is the universal law."

In enumerating the medicinal agents for the treatment of diseases, he concludes that the law "covers only those agents which affect the organism, in ways not governed by the laws of chemistry, mechanics, or hygiene, producing ailments similar to those found in the sick." Within these limits, to any one who faithfully applies the law, success is certain; but to one who attempts to apply this law to cases requiring chemical antidotes, or mechanical means, confusion and defeat is sure to come. Hence this explanation, if adopted, will save us the trouble of endeavoring to cover all such treatment by the name of Homœopathy.

Turning from the contemplation of this subject, we would linger a while among our recent publications of *Materia Medica.* We have been gladdened by the advent of the work of the late gifted Carroll Dunham, whose name is a synonym of truth—whose every word was pure, and whose aspirations were wholly for the good of Homœ-

opathy. His book, edited by Dr. Kellogg, is a lasting monument to the nobility of Dr. Dunham's character, and a valuable addition to our literature. It is a fact, known to most of us, that the last volume of Allen's *Materia Medica* has just left the press, making in all ten volumes. They are the valuable result of industry and perseverance. In looking them over, one is made aware of the diligence of the provers. As they embody all that is known of our drugs, we must consider them our *jewels* in the rough. Rude and unfashioned as they may be, they are our storehouses of material, and to them we will look in the future for reference and information. No school of medicine can show such labors. In the future, when our law of therapeutics is more generally understood and recognized, I predict that these volumes will be sought after; for it is an undisputed fact, which has already been recognized by the dominant school of medicine, that the only way to discover the merits of a drug is to first prove it on the healthy. Hence the fund of information contained in our *Materia Medica* will not be passed idly by, but appropriated, clothed with a few new garments, and called by another name; which, I am sorry to say, has been the case before—Homœopathy getting no credit. For the truth of this assertion look around upon the medical literature of the day, especially *Materia Medica*, as published by the opposite school, and see the different treatises upon drugs, which have been used by Homœopaths for years, and always with a like effect, their merits have been proved.

In the address of Dr. Burgher, last year, he mentioned the Hand-book of Ringer, and the use of the triturated medicines prepared by Boericke and Tafel, and used by certain practitioners of the opposite school in New York. So we have doses given in the same manner as by Homœopaths; the single remedy; Boericke and Tafel's triturations; Baptisia in typhoid fever; Hepar sulph. in ulcerations; Aconite and Belladonna in the pyrexia of fevers; Phos.

in neuralgia; Bry. in chest troubles; Puls. in uterine complaints; Cuprum Sulph. in neuralgia; Atropine in Urticaria; Canth. in vesical affections; Ipecac. in uterine hemorrhage, and in drop doses in vomiting; Arsen. in vomiting and in diarrhœa; Merc. Cor. in dysentery; Aurum in hysteria; Cham. in indigestion of infants; Sil. in some cases of ulceration and old suppuration. All these remedies have been used by Homœopaths, some of them for nearly a century, for the same affections. Thus the work goes on. A gradual enlightenment has illustrated the fact to the opposite school, that some good can come out of the law of similars.

Dr. Hering, although past three score years and ten, still lets us know that he has not ceased work; and the volumes about being published by the Hahnemann Publishing Co., called *Guiding Symptoms*, show his remarkable powers of thought, and add to our literature on *Materia Medica* another evidence of indefatigable exertion. With some assistance from Drs. Farrington and Korndœrfer, the profession may rest assured that the work will soon be completed.

Leaving this pleasant and profitable subject, on which the battle is being fought, we will turn to Surgery.

In Surgery, during the last year, we have to record a more conservative method of treating cases. The heroism of the past is rapidly becoming obsolete. More care is taken, especially in compound and complicated fractures, to give nature the best chance of curing the patient. In cases of laceration and bruises from railroad injuries, it is becoming the custom to make free incisions in order to allow free vent to pus, aided, should the case be suitable, by emollient cataplasms. The use of cat-gut ligature in the radical cure of hernia has been tried by our colleague, J. H. McClelland, with, I am happy to state, favorable results. From New York we hear of nerve-stretching, for neuralgia, by Dr. Helmuth, with, so far, good results. Although suf-

ficient time has not elapsed to confirm the practice, still it is a great improvement in the treatment of inveterate neuralgia, which withstands all effects of medicine.

Charcoal has been proposed by Dr. Dughene, of France, as a dressing for wounds, to neutralize the deleterious effects of pus, as well as to guard against miasms and ferments from without, the introduction of which is further hindered by a superficial aromatic covering of bands, dipped in Balsam of Tolu. He cites a case treated in this manner. The dressings were not removed until the fifty-fifth day, when the wound was found completely cicatrized and the bones consolidated. In Anæsthetics an important discovery has been made by Dr. Nussbaum, of Munich. The new method has the great merit of retaining the patient in a conscious state, while preventing his feeling anything. It is based on the antagonistic action of drugs in the human economy. The method consists in first injecting a solution of morphia, when chloroform is immediately administered. The inhalation is continued about five minutes, which is found to produce sufficient insensibility in the part for the operator to begin. The anodyne is subsequently administered at intervals to maintain want of feeling, but is never employed to such an extent as to produce unconsciousness. I cannot speak from experience of the safety of this administration, which is claimed by both Dr. Nussbaum and Dr. Thiersch, of Leipsic, but we must all be gratified if we can get an anæsthetic, safe and reliable, to do its work in a few minutes, without having to wait the prolonged time necessary for ether inhalation. We have also a new anæsthetic in Hydro-bromic ether, which has been tried by our colleagues, Drs. Childs and McClelland, and I leave it for them to describe its properties.

In Obstetrics, we have, just fresh from the press, and welcomed by us as coming from our old friend and earnest worker, and one of our Society, a work on *Practical Midwifery*, by Dr. J. H. Marsden, of York Sulphur Springs, Pa.

It is useless for me to attempt a description of this valuable contribution to our literature on that subject. Coming from the pen of a man of thorough culture, and extensive practice of many years, with a ripe experience, he gives, in this book, the result of his life-long labor. It is to be hoped that his effort in behalf of obstetrics may reap a just reward, and we, his colleagues, would express, in this public record of the Society, the high appreciation in which he is held.

We notice in this department, a more careful observance of the laws of nature and, what is greatly to be commended, less meddling with labor. Many treatises have been written on what is now known as meddlesome midwifery, and apparently with good effect. The question of tying or not tying the cord, a mooted question of a few years ago, has now arrived (so far as I can learn) at this stage, that the cord should not be tied until after pulsation has ceased, the cord is then to be cut, the blood pressed out of the fœtal end and tied. The plan of Credé, in expressing the placenta, in those cases where this pressure can be borne without discomfort to the patient, has been verified by many, but on the other hand it remains a question, whether nature cannot effect this without the aid of pressure.

Could we tell the exact time when the exhausted muscles of the womb fully recover their strength, then an unqualified consent would, I think, be given to this plan. But as this is a question not easily determined, perhaps a little time given to the womb to complete this, its natural function, would be best, for any infringement on nature's laws must be paid in full. In regard to the new method of Playfair, that of getting the patient out of bed on the first or second day to remove clots, &c., may be considered by some a purely natural method. Some say Indian women do it, why not white women? The answer is simply that our patients are not Indians, and do not live like them. Artificial dilatation of the mouth of the womb, recommended by Miller, as a means to help in the work of delivery, may go well with

Crede' and Playfair, but, on the whole, it would seem a more natural proceeding for us to still adhere to our remedies, which are calculated to correct any defect in the physiology of labor, and not be impatient for its termination. On the whole subject there seems to be a laudable effort to correct by medicine the various abnormal conditions of pregnancy. Other affections of the uterus, we have treated of in a work by Dr. Eggert, of Indianapolis, who, with great labor and persevering effort, has given this book to the public. Dr. E. M. Hale has also contributed another book to this department. In Physiology we notice a few advances. It has often been assumed, that when the human body is covered all over with an impenetrable varnish, that the temperature falls, serious symptoms ensue, and terminate in death. This assumption has been supported by the old story of the boy, who lost his life in consequence of being coated with gold-leaf, to represent an angel in a religious ceremony. Senator has put the question to a test, as is published in *Virchow's Archives.* Two healthy men allowed their limbs to be coated with impenetrable plasters, while the trunk was varnished with several layers of flexible collodion. A week was allowed to elapse before these applications were removed, and none of the evil consequences, said to have been observed in animals when treated in such a manner, appeared. There was no fall of temperature, no albuminuria, no exhaustion, no dyspnœa, convulsions or paralysis. So that the conclusion arrived at was, that the boy had been poisoned by some ingredient in the material applied to the skin.

From *Medical Press and Circular* we learn that Dr. E. Ewey of Vienna, has proved that the human skin is completely impenetrable to the chemical contact of mineral waters and that, therefore, the explanation of the effect of baths in these waters, at the numerous bathing places, has to be sought in the extensive domain of physics and not in that of chemistry. This discovery annuls all common views re-

garding the bathing cures effected by mineral springs, and explains, that, from a chemical point of view, the action of the most opposite waters must be one and the same.

During the past year a prize of £400 has been given to M. Melseus, by Dr. Geunard, of Belgium, for a method to counteract the poisonous effects produced by the absorption of poisonous metals, or rather to prevent their deleterious effects. The agent he employs is Iodide of Potassium. Affections of this kind seem to depend on the presence in the organs, which are the seat of the malady, of insoluble metallic compounds. The Iodide of Potassium, he says, converts them into soluble metallic compounds and expels them. He treats the patients by giving, at first, small doses, then increases the quantity. The administration of large doses of the Iodide, at first, would, he says, produce in the system a quantity of double soluble salts sufficiently large, when drawn into the circulation, to cause real ordinary poisoning. The French Institute has also given M. Melseus the Montyou prize for the same discovery.

What our school has long sought for, a recognition of Homœopathy by the General Government, in regard to Boards of Health, has been attained by the appointment of Dr. Verdi on the National Board of Health, a recognition just and right. The labors of the Yellow Fever Commission appointed by the American Institute of Homœopathy, —a purely private affair, unaided by the General Government—which did such good, scientific work during the past season, makes the appointment generally satisfactory.

The last year our Colleges graduated between three and four hundred students. Through the west we find new universities opening their doors to the teaching of Homœopathy. Those of Michigan and Iowa have so far acknowledged the merits of our school, as to give it a regular standing in their universities. In the east, the Boston school shows signs of vigor, and our own, in Philadelphia, with an able corps of professors, shows, by the large list of

matriculates, that the college is in a prosperous condition. New York physicians, never behind in any good work, show their industry and excellent facilities, by a useful Ophthalmic Hospital, the Hahnemann Hospital, and the one on Ward's Island, supported by the city.

An evident desire is manifest to raise the standard of medical education, and three terms is, generally, the popular course.

If there is anything now, which militates against this praiseworthy effort, it is the number of colleges, the history of which tells of hard and laborious work, we hope, for the common good, with, in many instances, no remuneration.

It is impossible for such a state of things to exist without the inevitable result,—the lowering of the standard of medical education. We are happy, however, in knowing, that, with such scant remuneration as some of our colleges afford to their faculties, they are as far advanced as we find them. Better paid Professors would have more time to devote to their Chairs, still better facilities would be offered to the student, and a more thorough preparation would be the result. One new school has been added to the list, the "Modern School" at Buffalo. As *similia similibus curantur* is the law we subscribe to, and, as we maintain, it is unalterable, we are at a loss to know, if we can claim relationship with the new comer, unless the "modern" is taken off. However, we hope they may do all the good they promise. For my own part I must say, that a union of some of our schools, and the death of others, is fervently desired.

Our hospitals, unaided by State appropriations, supported only by voluntary subscriptions, are still doing their good work, and offer, as they have in times gone by, aid to the poor and deserving. Some embarrassment has been experienced, owing to the hard times and consequently numerous calls on their charity, unequalled by any preceding years. But these charities have been doing such noble work as to call for the hearty support of all, and we

prediot that, as times get better, we can look forward to renewed contributions and prosperity. The hospital at Pittsburgh, I think, can claim for the past year a rate of mortality less than usual; being less than three per cent. The ratio of cost for maintənance was eighty cents per day. Other Homœopathic hospitals of the State make favorable announcements.

We would express our thanks to those Homœopathic physicians in the South, who did their work so nobly during the epidemic of Yellow Fever last summer. Their success was marked, and the mortality among their patients was less than that which usually attends this disease. The Yellow Fever Commission appointed by the American Institute of Homœopathy, among whom was one of our members, did their gratuitous work in a manner calling forth the praise of all classes, and, judging from the flattering eulogies of the Southern press, were received as became scientific men. From different sources they gathered, that, of the whole number of cases treated homœopathically during the epidemic of last year (3914), there was a loss of 261, a mortality of $6\frac{6}{10}$ per cent. This, compared with the mortality under old-school treatment, as nearly as we can get it ($17\frac{2}{10}$ per cent.), is a favorable showing for Homœopathy. Dr. Falligant, of Savannah, gives us a paper, published in the *Hahnemannian Monthly*, on Yellow Fever, which not only affords a proof of his intelligence as a Homœopathic physician, but also, that, so far as we know, his views concerning its origin are thought by many physicians of all schools to be near the truth. We are reminded that this Society has a committee, appointed at our last meeting, to investigate this subject. We hope to receive from it a full report.

With such bustle and activity around us, before concluding, I am induced to lay aside, for a few minutes, all other considerations, for the sake of speaking a word concerning ourselves as a Society. Have we done our duty in this the

Keystone State? It would seem from the reluctance with which answers are made to the Treasurer, that we are slow in getting out our Transactions. They are promised, but have not come. This is a delicate subject for me to mention, but I am often reminded, by our small attendance, that some greater effort should be made. It is for you to devise means to attain this result. I leave it for your consideration.

From a paper presented to the Homœopathic Medical Society of Philadelphia by Dr. Neidhard, we learn, that on the continent and in England, although they have not the same proportion of avowed Homœopathic physicians as we have, still there is a large and rapidly increasing class, who administer remedies homœopathically.

During the past few years, a disposition has been manifested to make the public mind believe that Homœopaths are becoming more liberal; that we do not practice, as did the older Homœopaths; that the different tenets of our school are being by piecemeal disintegrated. We have no hesitation in giving this an emphatic denial. If we ever had occasion to believe most fully in the law of cure, as promulgated by Hahnemann, we have it now. In looking around and examining all things pertaining to science, we find that every system has a fixed law. Without this there can be no science, nothing certain.

In examining the status of the therapeutics of our school, we find that the hero of Cœthen did not promulgate his doctrine in vain, that thousands of witnesses among the laity can prove its truth, and the promise is fair, that, in a few years, all schools will either acknowledge the law of therapeutics, as proposed by Hahnemann, or by a physiological pretence evade it. There is no occasion now for us to recede from the position Homœopaths have occupied for ninety-seven years. I hold that these years are a proof of vitality, and, much as we hear of other propositions, I fear that should we abandon our position, or exchange our motto for anoth-

er, we would do ourselves an injustice, and the world an incalculable injury.

The Roll was called, the following members being present: Drs. J. W. Allen, C. F. Bingaman, J. C. Burgher, W. R. Childs, J. F. Cooper, H. Detwiller, S. W. S. Dinsmore, D. M. Graham, A. Korndœrfer, J. K. Lee, W. J. Martin, Z. T. Miller, J. H. McClelland, J. S. Rankin, C. P. Seip, L. H. Willard, W. H. Winslow, M. M. Walker.

Visitors—Drs. W. D. Hall, J. K. Lee, Jr., M. J. Buck.

DR. MCCLELLAND suggested that if any members present had information concerning the removal, death, &c., of members, that it be made known, so that changes in the Roll could be made.

DR. DINSMORE.—Several names are upon the Roll that do not attend at all, and one who says he never will (Dr. Wallace). Why should such names be carried? Why not drop them?

DR LEE.—The Constitution and By-Laws dispose of the matter.

DR. COOPER.—I do not like to strike out names when the list is so small. Some of the members were in arrears, and paid up after the sum had become considerable. I have lately received fifteen dollars from one man.

In the absence of two members of the Board of Censors, Drs. Lee and Allen were appointed to fill the vacancies.

DR. CHILDS moved that a Committee be appointed to consider the recommendations of the President's Address.

The Chair appointed Drs. Childs, Detwiller and Allen the Committee.

DR. MCCLELLAND proposed Dr. J. B. McClelland, of Pittsburgh, and Dr. Sarah T. Rogers, of Philadelphia, for membership.

These applications were referred to the Board of Censors.

THE TREASURER'S REPORT being called, Dr. J. F. Cooper, Treasurer, presented the following:

REPORT OF THE TREASURER.

The Treasurer respectfully states that at the last annual report there was a balance in his hands to the credit of the Society, of $555 75

Dues collected since that time, . . . 271 00

From sale of two sets of published Transactions, ... 12 00

Amounting to $838 75

Since that report have paid, by order of the Society,

On account of the Necrologist, .	$ 20 20	
" " " Corresponding Sec.	34 84	
" " " Recording Sec'y.	3 55	
To the Chairman of the Publishing Committee, on his promise to start the Proceedings at once, .	200 00	
	$258 59	

Balance to the credit of the Society, Sept. 1, 1879, ... $580 16

Respectfully submitted,

J. F. COOPER, M. D.,
Treasurer.

The Report was accepted and referred to the Auditing Committee, Drs. Korndœrfer and Martin.

THE REPORT OF DELEGATES TO THE AMERICAN INSTITUTE OF HOMŒOPATHY being called, it was deferred, the delegates not being present.

DR. WALKER, for the Corresponding Secretary, read a report for the past year.

REPORT OF THE CORRESPONDING SECRETARY.

To the Officers and Members of the Homœopathic Medical Society of Pennsylvania:

Your Corresponding Secretary respectfully reports, that during the past year he has answered all letters addressed to him relative to your Society. He has also labored to the extent of his ability to have the Transactions of the last five years—1874–78, inclusive—published ere this. Circumstances beyond his control, however, have prevented the attainment of this very desirable object. He refers to the Society the following communications:

An application for membership from Sarah T. Rogers, M. D., of Philadelphia, and would respectfully advise her election as a member.

A communication from the Homœopathic Medical Society of New York State, to which he returned a suitable reply.

A complete list of the addresses of the Secretaries of Foreign and State Homœopathic Societies.

Communications from Drs. J. H. Marsden, and P. S. Duff.

The reply of Messrs. Boericke and Tafel to the communication of your Society, asking that the publication of the *Hahnemannian Monthly* be continued.

Communications from Drs. Swan and Lippe. It will be remembered that, at our last meeting, in Pittsburgh, Dr. Lippe, as Chairman of the *Materia Medica Bureau*, presented a series of provings of Lac Caninum. Of these provings the Society decided to publish only Dr. Lippe's annotations. I sent the paper to Dr. Lippe for that purpose. He

ultimately returned the provings, declining to act thereon. On receiving Dr. Swan's letter, herewith presented, I returned to him his paper, in accordance with the consent of the Committee of Publication.

All of which is respectfully submitted,

J. C. GUERNSEY, M. D.,
Corresponding Secretary.

DR. J. H. MCCLELLAND presented a report for the Allegheny County Anatomical Society, which was received and referred.

REPORT OF THE ANATOMICAL SOCIETY OF ALLEGHENY COUNTY.

This Society was organized October 19th, 1874. Its membership comprises physicians, medical students and others. Its object is the practical study of normal and morbid anatomy, and kindred branches of medical science.

A charter was granted to the Society by the Court, on December 4th, 1875. It is the first organization of the kind chartered in Allegheny County.

Besides the dissections carried on during the winter months, a regular system of lectures is delivered during the year, bearing upon anatomical subjects.

The membership ranges from twenty to thirty. The officers for the present year are as follows:

PRESIDENT, J. F. Cooper, M. D.
DEMONSTRATOR, C. P. Seip, M. D.
SECRETARY AND TREASURER, W. J. Martin, M. D.
EXECUTIVE COMMITTEE, in addition to the above named officers, J. C. Burgher, M. D., and J. H. McClelland, M. D.

Respectfully submitted,

J. H. MCCLELLAND, M. D.,
Delegate.

DR. W. R. CHILDS, in the absence of the regular Delegates, read a report of the Allegheny County Medical Society.

REPORT OF THE HOMŒOPATHIC MEDICAL SOCIETY OF ALLEGHENY COUNTY.

Organized December 9th, 1864. Annual meeting second Friday of December. Regular meetings second Friday of each month, at the Homœopathic Hospital Building.

OFFICERS AND MEMBERSHIP.

OFFICERS, 1879.

PRESIDENT,	J. S. Rankin, M. D.
VICE PRESIDENT,	C. P. Seip, M. D.
SECRETARY,	T. M. Strong, M. D.
TREASURER,	C. F. Bingaman, M. D.
CENSORS,	L. M. Rousseau, M. D.,
	J. C. Burgher, M. D.,
	R. E. Caruthers, M. D.

The membership of the Society is forty-three; composed of forty-two active members and one associate member. The average attendance at the regular meetings numbers twenty-three.

C. P. SEIP, M. D.,
C. F. BINGAMAN, M. D.,
R. E. CARUTHERS, M. D.,
Delegates.

DR. KORNDŒRFER presented a verbal report of the Hahnemann Club, of Philadelphia, and promised to send a written report in time for publication.*

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* This paper has not been received up to the time of going to press.

REPORT OF THE HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA, FOR THE SESSION OF 1878–9.

The thirty-first session of the Hahnemann Medical College has been the most successful in the whole history of the School.

The matriculates numbered 192, while the Graduating Class contained 61—larger numbers than were ever reached before.

The three years graded course is now fully carried out, and will soon be made obligatory upon the whole class. A large proportion of the students already select this course.

The successful working of a graded course requires many special facilities for instruction, not needed in the old method. These have all been supplied, including a new lecture-room, and expensive apparatus for practical studies.

The Museum, during the past year, has been enriched by large additions to the departments of Comparative Anatomy and Pathology, thus still further increasing its usefulness as an aid in instruction.

The several departments for *practical study*, including Anatomy, Surgery, Obstetrics, Chemistry and Microscopy, are abundantly supplied with instruments and apparatus, and offer advantages to students scarcely found elsewhere.

The classes are not only yearly increasing in size, but are improving in quality, a greater number being graduates of High Schools or Colleges, thus enabling us to put into our ranks men who are sure to do honor to themselves and to the profession.

A. R. THOMAS, M. D.,
Dean.

DR. WM. R. CHILDS represented the Homœopathic Hospital and Dispensary of Pittsburgh.

THIRTEENTH ANNUAL REPORT OF THE MEDICAL AND SURGICAL HOSPITAL AND DISPENSARY OF PITTSBURGH.

Number of beds in the Hospital, ... 40

Number of patients treated during the year ending April 1st, 1879, ... 205

"	" patients discharged, cured, . .			143	
"	"	"	" improved, . .	24	
"	"	"	removed by friends, &c., .	16	
"	"	"	eloped, ...	5	
"	"	"	died, ...	6	
"	"	"	remaining April 1st, 1879,	11	
					205—205

Rate of mortality, 2.92⅓ per cent.

Number of patients treated in the Dispensary during the year, ... 18,351

Number of patients treated in the Dispensary since its organization, ... 111,655

PHYSICIANS TO HOSPITAL AND DISPENSARY.

CONSULTING PHYSICIAN.—J. F. Cooper, M. D.

SURGICAL STAFF.—L. H. Willard, M. D.; J. H. McClelland, M. D.; C. P. Seip, M. D.; W. R. Childs, M. D.

MEDICAL STAFF.—J. S. Rankin, M. D.; C. F. Bingaman, M. D.; R. E. Caruthers, M. D.; W. J. Martin, M. D.

OBSTETRICAL AND GYNÆCOLOGICAL STAFF.—H. H. Hofmann, M. D.; J. C. Burgher, M. D.

CONSULTING PHYSICIAN TO DISPENSARY.—J. C. Burgher, M. D.

MORNING SERVICE.—M. J. Chapman, M. D.; W. F. Edmundson, M. D.; S. Woods, M. D.; Z. T. Miller, M. D.; S. F. Shannon, M. D.

AFTERNOON SERVICE.—W. H. Winslow, M. D., (Eye and Ear); R. V. Pitcairn, M. D.; T. M. Strong, M. D.; T. J. Putnam, M. D.

W. R. CHILDS, M. D.,
Delegate.

In the absence of Dr. McClatchey, the Chairman of the Publishing Committee, Dr. Cooper read his report.

REPORT OF THE PUBLISHING COMMITTEE.

To the Homœopathic Medical Society of the State of Pennsylvania:

Your Committee of Publication, appointed to prepare for publication and publish in one bound volume the Minutes of the Sessions of 1874–75–76–77–78, and such portions of the papers of these Sessions as the Committee might select, begs leave to make the following report:

1. The Committee has prosecuted the duties of their appointment with as much diligence and industry as was compatible with other engagements. They have had frequent meetings, at which the minutes and scientific papers were carefully scanned and arranged, until finally the matter was considered in a shape to warrant them in going to press.

2. An arrangement was made with Jackson Brothers, Printers, 404 Library Street, Philadelphia, by which they agreed to print the Transactions on good 60 lb. paper, of the same sized folio as that of the volume of 1873, at the rate of $1.25 per page, this cost to include composition, paper and press-work—in fact all charges except for whatever time might be used in making alterations as directed during

proof-reading. They likewise agreed to bind the same in a handsome muslin binding for 20 cts. per volume. 300 copies were ordered to be printed.

3. Your Committee would report that in accordance with the above arrangement, about 120 pages have already been printed, and that the entire remainder of the MSS. is in the printer's hands.

4. In view of this, your Committee would report that they are confident of being able to issue these bound volumes to members within the next ten or twelve weeks, unless—

5. The Society should deem it best to direct its Committee to include the minutes of and selections from the papers presented at the present session, and thus bring the published proceedings and papers down to date. To do this would cause a delay of two or three weeks, more or less; but it would insure a prompt issuance of the proceedings and papers of the present session, and the publication could be made at a cost much less than what would be necessary to issue these proceedings in a separate volume. If the Society decides to thus direct its Committee of Publication, it should also issue directions to its Secretaries, that the minutes and papers of the session should be placed in the hands of the Chairman of the Committee of Publication within fifteen days after the adjournment.

All of which is respectfully submitted, on behalf of the Committee of Publication,

ROBT. J. MCCLATCHEY, M. D.,
Chairman.

DR. COOPER.—At the meeting last held in Pittsburgh, Dr. McClatchey applied to me for $200, stating that, if he had that amount in his hands, he would start the Transactions at once. I gave him the money without any authority, and it now rests with the Society to decide what is to be done in the premises. I do not think best to give the

proceedings of this meeting into the hands of the present Committee. If a Corresponding Secretary is elected sufficiently near the present Recording Secretary, the Transactions can be gotten out speedily. I think it would be better to defer further consideration of this subject until this evening, as we expect other members to be present to take part in its consideration.

DR. WALKER.—During the past three years the junior members of the Committee have done their very best towards getting out the Transactions. Meeting after meeting has been called. Dr. Guernsey and myself would meet night after night; Dr. McClatchey attended one night and did good work. Dr. Guernsey read some proof last June, and the Chairman said he would read, but has never done so. It is with some shame that I come here, but the Transactions are virtually out of the hands of the Committee, and in the hands of the Chairman.

DR. MCCLELLAND.—Dr. Cooper has made two or three journeys to Philadelphia, has made every effort to have the Proceedings issued, but for reasons which have not been given, nothing has been done. Whether it would be better to defer action, I do not know. Yet I think it is the sense of every member, that the Society has not been properly dealt with. I am unwilling to give any more material to this Committee; I do not think the Society would approve of it. In view of all the facts, I would make a motion that the advancement of this money by Dr. Cooper be approved.

DR. COOPER.—I did this on my own responsibility; if it is lost I will make it up.

DR. LEE.—Inasmuch as Dr. Cooper has acted in good faith, I move that his action be sustained.

DR. WALKER.—I know that the printer is exceedingly anxious to be rid of the business, because his type are all locked up in it.

DR. LEE.—Let my motion prevail.

The motion to sustain Dr. Cooper was unanimously carried.

DR. COOPER read a letter in relation to getting out the Transactions. He suggested that the new Transactions be placed in the hands of parties who would get them out immediately.

DR. KORNDŒRFER said he had Dr. McClatchey's assurance that all the manuscript to '78 was in the printer's hands. Dr. McClatchey is a man who has worked for the benefit of the profession without recompense.

DR. SEIP.—I would like to know whether the Committee had power to reject papers.

DR. BURGHER.—The Committee has discretionary power and uses its best judgment.

DR. MCCLELLAND called for the re-reading of the Report of the Publishing Committee.

The Report was again read.

DR. MCCLELLAND.—As the Chairman of that Committee, states that the manuscript is now in the hands of the printer, and type set up, I think it would be wrong to interfere with the work. I therefore move that the present Committee be instructed to proceed with the printing of the Transactions now in their hands, and let that end their task; that the Committee be continued with the Transactions now in their hands.

Dr. WINSLOW.—If I understand correctly, up to the 12th of August, the manuscript had not been received by the printer.

DR. MCCLELLAND.—The report of the Committee is of a later date.

DR. WALKER. — The manuscript has been ready for months; why it has not been in the hands of the printer, I do not understand.

DR. KORNDŒRFER.—Dr. McClatchey assured me that all the manuscript was in the printer's hands.

DR. SEIP.—If Dr. McClatchey was here we might talk this matter over. We cannot live on promises, we must have these Proceedings published or the Society will go to the dogs. If the Committee cannot get them out it would be best to take them out of their hands.

DR. COOPER.—Dr. McClatchey assured me if he had $200 the Transactions would be in the hands of the members by November 1st, and it was mainly for this reason that I gave him the money. Violating his promise before makes me fear he will do so again.

DR. MCCLELLAND.—I move the present Committee be continued to get out the Proceedings now in their hands. Carried.

THE AUDITING COMMITTEE on Treasurer's accounts reported them correct.

DR. CHILDS moved that the report be accepted. Carried.

THE BOARD OF CENSORS reported favorably on the names of Wm. D. Hall, M. D., Altoona; Geo. M. Getze, M. D., Tarentum; John W. Detwiller, M. D., Bethlehem; Samuel F. Shannon, M. D., Sewickley; John K. Lee, Jr., M. D., Johnstown; John B. McClelland, M. D., Pittsburgh; M. J. Buck, M. D., Altoona.

The application of Sarah T. Rogers, M. D., Philadelphia, was held over, the application being irregular.

DR. W. R. CHILDS moved to proceed to the election of the Physicians recommended. Carried.

Upon vote of the Society the gentlemen named were elected members.

COMMITTEE ON LEGISLATION.—Dr. J. H. McClelland, Chairman, made the following report:

REPORT OF THE COMMITTEE ON LEGISLATION.

MR. PRESIDENT, LADIES AND GENTLEMEN,—

The Committee on Legislation would respectfully offer the following for your consideration:

1st. The Department of the Interior, at Washington, through Hon. Francis A. Walker, Superintendent of the Census, has issued a circular, containing the following request:

"Each Physician and Surgeon throughout the United States is therefore asked to preserve a record, for the use of the Census Officer, of all DEATHS occurring in his practice, during the year, beginning June 1st, 1879, and ending May 31st, 1880."

Accompanying this circular are blank forms for the use of Physicians, with stamped envelopes to facilitate their return. These are freely furnished to Physicians whose addresses are in the possession of the Superintendent. Your Committee recommend the adoption of the following:

Recognizing the value of Vital Statistics, and in compliance with the request of the Superintendent of the Census, Hon. Francis A. Walker, the Homœopathic Medical Society of Pennsylvania earnestly requests its membership, and other members of the profession, to furnish the desired information in regard to the deaths occurring in their respective practices.

Resolved, That a transcript of this action be sent to the Superintendent of the Census, and be forwarded to our Journals at once.

2d. Many States of the Union have already established Boards of Health; some of them worthy of confidence and support; others manifestly organized with an unjust bias against our school.

In this State, several efforts have been made to create a Board of Health; all of them have failed for various reasons.

We are informed by members of the Legislature, that, in organizations so far as reported, there appeared a disposition to discriminate against our school.

Your Committee is of the opinion that, a properly constituted Board of Health, embodying a correct system of sanitary supervision, would accrue to the advantage of the citizens of this Commonwealth, and would suggest that the Committee on Legislation be instructed to further the passage of a bill, creating a properly constituted Board of Health.

3d. Efforts have been made, also, to pass a bill to regulate Medical Practice and to suppress Quackery. One of these was prepared by this Society two years ago. Others have been prepared by the Allopathic and Eclectic Societies. All have contained objectionable features, in the judgment of our Legislators, and have failed.

Your Committee requests, that it be instructed to favor the passage of a properly constructed medical bill.

4th. With respect to a representation (medically) in our Public Institutions, your Committee would report, that thus far, the claims of Homœopathy have been ignored in the Hospitals and Asylums sustained by the State.

There have been some assurances, however, from influential men, that the claims of our school shall not be ignored.

The Committee would request that members of the Society bring this matter to the attention of members of the Legislature in their districts.

Respectfully submitted,

J. H. McClelland, M. D.,
J. K. Lee, M. D.,
For the Committee.

DR. MCCLELLAND.—Your Committee would ask instructions as to our representation in Institutions properly organized, and those being organized.

The suggestion to have an appropriation for an Insane Asylum failed, the amount being too large. The Committee then asked that Homœopathy be represented in some Institutions now being constructed, not asking any money. Some of the members favored this, others suggested that when the bill comes up, it be so constructed that the treatment in the Institution should be according to our principles.

DR. LEE moved that the recommendations of the Committee be approved. Carried.

The Committee on Presidential Address reported through Dr. Childs.

DR. BURGHER.—I move the adoption of the recommendations of the Committee.

DR. LEE.—I object to that portion of the report which referred to the high potency provings.

DR. MARTIN.—I move that the portion of the report which refers to the 30th potency be stricken out.

DR. BURGHER.—I favor striking out that portion of the report. Not many years ago scientific men thought the laying of an Atlantic cable was not possible; they said iron ships could not be constructed to float, but the supposed impossibilities have been overcome. Some remedies of our *Materia Medica* have been proved in the 30th potency and a great many symptoms have been obtained. Some persons might get symptoms from the 30th when properly prepared; indeed, we have good authority for saying that sensitive persons can obtain symptoms.

DR. LEE.—I think it is fixing a line which should not be recognized.

DR. KORNDŒRFER.—That part of the report should be stricken out. I was converted by making a proving of a high potency of Hydrastis. When I took the medicine I

believed I might as well have taken that amount of water. I obtained many symptoms, which have since been used clinically. The Milwaukee Test is unreliable from the fact that, a number of bottles, one containing medicine, is given to test; the first which contains the medicine is taken, but no symptoms are obtained until while taking the third, which contains alcohol; whereas if proper time had elapsed the symptoms could have been accorded the drug.

DR. MARTIN.—I make a motion to strike out. Carried.

DR. SEIP.—I would like a more definite explanation as to the publishing of the Proceedings in the *Hahnemannian*.

DR. LEE.—I move that the recommendation of the Committee to publish the Proceedings as an appendix to the *Hahnemannian* be adopted.

Objections were raised and the matter referred to Dr. Winslow, the Editor, who remarked that, while he had no authority to act, he did not believe it would be the best thing. It costs about $1.25 per page to set up the Journal. If the Transactions were published as a supplement to the Journal, it would take many numbers to contain them, and these at thirty cents apiece would cost each member more, than if the matter were printed in a separate book.

DR. LEE.—Then I withdraw my motion to print the Transactions as an appendix.

DR. BURGHER.—I move to have the recommendations of the Committee on President's Address considered *seriatim*.

DR. CHILDS then read the report by sections; objections were made to sections I and II.

DR. LEE.—I could not vote for that portion of the address which refers to the Milwaukee Test.

DR. MCCLELLAND.—I cannot endorse it either. One statement like that made by Dr. Korndœrfer is worth ten thousand negatives, such as the Milwaukee Test proposes. Theirs are theories, his facts; hence, if this address throws distrust upon these statements and indicates that they are not reliable, it is going out of our way to endorse. I move

that the President's address be published with the Proceedings with the thanks of the Society. Carried.

The Committee struck out the objectionable clauses. and upon motion of Dr. Burgher the modified report was adopted.

REPORT OF THE COMMITTEE ON PRESIDENTIAL ADDRESS.

Your Committee, in complimenting the President upon his able address would say, in regard to the attempt to prove remedies in as high an attenuation as the thirtieth, that it is impossible; that it can only be done at the bedside, in a clinical manner, upon a morbid condition, and this is the only true test.

In regard to the suggestion of the President, as to increasing the interest of the Homœopathic physicians of our State in this Society, we would urge upon the present Publishing Committee the importance of at once completing their work. We would suggest that a new committee be appointed to take charge of the Transactions of this session, and to issue them without delay.

We recommend the publication of the President's Address in our Transactions, with the thanks of the Society.

J. WESLEY ALLEN, M. D.,
WM. R. CHILDS, M. D.,
H. DETWILLER, M. D.,
Chairman.

REPORT OF THE BUREAU OF MATERIA MEDICA.

DR. J. K. LEE, Chairman, said the Bureau had three papers to present: One by himself, "*The Materia Medica: Its Present Status and Dangers;*" one by Dr. Ad. Lippe, entitled, "*Our Materia Medica: How to Read It and How to Utilize It;*" one by Dr. Wm. J. Martin, "*Apis and Podophyllum Compared in Infantile Diarrhœa.*"

DR. LEE proceeded to read his own paper, which was accepted and referred.

THE MATERIA MEDICA: ITS PRESENT STATUS AND DANGERS.

BY J. K. LEE, A. M., M. D.,
PHILADELPHIA, PA.

As the fall of an apple suggested to Newton the law of gravitation, and the boiling kettle to Watt, the capabilities of steam, so the observance of the physiological effects of Cinchona suggested to Hahnemann the great principle of similitude.

Away back in the ages as far as Hippocrates and Paracelsus, the phenomena of drug action had been recognized, but it was reserved for the logical and analytical mind of our Master to educe the formula of *similia similibus curantur;* and this discovery will ever place him in the front rank of the benefactors of our race, and associate his name with the most illustrious in the world's history. Prejudice and partisan strife may seek to detract from his merits, and to obscure the lustre of his fame, but time, the impartial chronicler of events, will dispel these clouds, as the rising sun disperses the vapory exhalations of the morning.

But this therapeutic law necessitated the creation of a new *Materia Medica*, since it found no exemplification in that of the prevailing school. This was founded on no scientific or rational basis, and its superstructure was made up of blind empiricism, tradition and hypothetical deductions, thus affording no certain data on which to predicate a reliable and successful system of treatment.

It neglected then, as it does now, the individualization of each case of disease, and assumed that because Arsenicum cured Intermittent Fever in one instance, it was a remedy for all intermittents, a generalization that is fatal to exact results and productive of repeated failures.

It concludes from observation in disease, that Mercury increases the formation and discharge of bile, hence in morbid conditions supposed to depend upon a deficient biliary secretion, Mercury was administered as a specific, when as subsequent experiments demonstrated conclusively, Mercury does not possess this alleged property.

In like manner we might pass through the long catalogue of drugs, which, like the views of the kaleidoscope, are ever changing, and whose form, like the meteor, only blazes for a while to be quenched in eternal night.

Hahnemann wisely avoided this labyrinth of uncertainties, and his clear vision led him to a higher plane, where upon the broad and immutable basis of experiments upon the healthy living organism, he could commence the erection of a *Materia Medica* which would ever remain unchanged by the lapse of time, or the mutations of thought. To this great and important work, he applied himself with all the enthusiasm and self-abnegation of a religious devotee, and the brilliant results must ever excite the admiration and wonder of the student of history.

He not only ascertained the general physiological action of the drugs proven, but also, with nice exactitude, their peculiar effects upon the different sexes and temperaments, as well as their periodical aggravations, and distinguishing characteristics.

The labors thus initiated were continued by his followers in Europe and America, until our *Materia Medica*, though not faultless in construction, and complete in its arrangement, embodies a mass of facts, that fulfills nearly all the requirements of practice. But unfortunately for the interests of our science and the sacred cause of humanity, within the last decade, we have not been inspired with the ardor of our predecessors in this respect; nor have we appreciated or guarded with sufficient jealousy and vigilance our inestimable inheritance. Without vigorous protest, or dissent, we have recognized as accepted remedies, drugs that have never been subjected to the ordeal of careful and systematic provings, and are not, therefore, entitled to our confidence and respect. These spurious remedies are advertised by our pharmacies, and lauded by our journals. Nay, more, not satisfied with this fugitive mode of existence, they are bound up in huge volumes under the imposing title of "*New Remedies*," and, by their dazzling professions, they inveigle the unwary practitioner, and involve him in inextricable mazes of perplexity.

Nor are these insidious innovations confined to the corruption of our *Materia Medica*, by the introduction of crude and unscientific contributions, but they impeach the veracity of such luminous names as Gross, Stapf, Bœnninghausen, Nunez, Dunham, Hering and others, who maintain the virtues of the higher potencies—men distinguished for their conscientious regard for truth, their erudition, talents, philanthropy, and devotion to the cause of Homœopathy.

Allow me here to say, parenthetically, that I would not presume to appear as the defender of this special class, but I claim that they are entitled to a respectful hearing, and, if they are in error, the fallacy of their positions should be proven, and they should not be unceremoniously treated as monsters, and crushed with the iron heel of intolerance and bigotry. Moreover, this summary method of settling vexed questions is not in harmony with the liberal senti-

ment of the age, and its tendency is to repress freedom of thought, silence the voice of reason, and arrest the progress of knowledge.

Asking your pardon for this episode, I would beg leave to resume the broken train of thought.

This defection, emboldened by past success and immunity from exposure, advances still farther, attacks the very citadel of our faith, and dishonors the flag that floats over it. In proof of this flagrant crime, let me cite the treasonable utterances of the professors of a newly fledged college, located in a circle of which Buffalo is the centre.

If such blatant pretenders are the exponents of Homœopathy, the sooner it is overthrown the better, and consigned to the débris of the past. If it has degenerated into such mongrelism, let us put on sack-cloth and ashes, and like the prodigal, return to our father's house, and acknowledge that we have sinned, and are no more worthy to be called his sons, but humbly ask the place of servants; and perhaps the fatted calf may be killed, and we may be again pressed in his fond embrace and our recusancy forgiven.

Nevertheless, it must be remembered, that these oracles are learned professors, who have been recently elevated above the common herd of simple-minded practitioners, and are expected to demonstrate their superior knowledge, and dignify their position, by some new revelation of truth. And those only who have worn the gown can testify what a marvellous transformation is wrought by this investiture. The intellectual vision becomes clear and penetrating; all abstruse questions easy of solution, and deep and hidden things are explored and brought forth to dazzle and daze the common mind.

To add lustre to this coronet of endowments, the classics offer their gems, and Greek and Latin quotations eloquently flow from the pens of those, who, per chance, never descended to the ignoble effort of conjugating *amo* or *tupto*.

But this is scarcely a fit occasion for the indulgence of ridicule, or the exhibition of passion. Let us rather pause as we stand upon the brink of a fearful precipice, and gaze into the yawning depths beneath. Let us calmly and dispassionately consider the dangers that environ us and return to the old paths, where we have so often travelled in safety, and sweetly communed together. If our *Materia Medica* is replete with errors, may they not be eliminated in the crucible of experiment, and its merits be enhanced by bringing to its improvement the methods and appliances of modern science, and thus winnow the wheat from the chaff and separate the gold from its alloy?

If its present arrangement is objectionable, let the best wisdom and intelligence of the profession reconstruct it, so as to render it more intelligible and available for practical use; but may we never undervalue its inestimable resources, and permit its adulteration by the infusion of the errors of eclecticism and mere clinical experience.

Perhaps our enthusiasm has deceived us and kindled false hopes, when with prophetic vision we have looked down the long vista of coming years to that period, when the tri-color of Homœopathy shall make the circuit of the world, and invest it with a fairer and richer zone than ever clasped the waist of Cythena. This time will come; yet, we must labor to preserve our system intact, free from interpolation and abridgment; and not suffer it to be emasculated nor shorn of its virtues by those who would inaugurate what they would dignify with the imposing appellation of a rational Homœopathy, in which fancy weaves a gossamer web, and sophistry constructs her perplexing mazes. This, gentlemen, is the wooden horse of classic lore, which, if not filled with armed men, contains at least the elements of our destruction, and in relation to which, it behooves us to adopt the sentiment of Virgil: "*Timeo Danaos et dona ferentes.*"

DISCUSSION.

DR. MCCLELLAND.—When I heard the President's Address, I thought the word "modern" ought to be left out, but after hearing Dr. Lee's remarks, I believe the word "Homœopathy" should also be left out. It is nothing more nor less than an endeavor to curry favor with the Old School. It looks very much like this: while the air is just full of Allopathic sponges that are being thrown up everywhere, we with darkened glasses, not being able to see them, are busily engaged throwing up our sponge. This is not required. Allopathy is giving up the contest. They are willing to recognize us as scientific physicians. The whole effort of this new Buffalo school is to unite with the Old and in this way gather some advantage. The paper characterizes the whole movement properly.

DR. BURGHER.—It is not so much to curry favor, as to gratify the desires of the faculty to become professors. They must be professors, even if they have to make professors of themselves.

DR. MCCLELLAND.—I see by the announcement, it is not to curry favor, but to prepare students for the army and navy.

DR. WINSLOW.—In regard to Mercury and its action, as investigated by Dr. Hughes Bennett, his theory was accepted for some time, when it was finally concluded that dogs were not men, and that Mercury did increase the secretion of bile. Its use by the Homœopaths shows its correspondence.

DR. WALKER.—That school will terminate just as others have done. It is an abortion. It seems to meet the requirements of the student, who wants to know something of every system. We should give it as little publicity as possible.

DR. KORNDŒRFER.—This thing resolves itself, according to Darwin, into "the survival of the fittest." A Homœ-

opathic department in any college, if allowed to gain a foothold, must supersede Allopathy, because Homœopathy is built upon truth; it is based upon a sure foundation, a rock as deep as the ages. Consequently we need not fear these outside movements. They are constantly bringing up "new material" that has been in our books years ago. Old things that have been superseded long ago are constantly appearing in our journals; we should combat this tendency on the part of journals to re-issue old things. We need to gather together for protection, keep ourselves in the true path. Errors of the Schools, errors of commission and omission, should be avoided and corrected. Do not turn attention away from positive wants, but hold to every advantage. Get the *Materia Medica* right. The greatest fault is not insisting upon the student studying *Materia Medica.* Some students come to us without an idea of the study of *Materia Medica,* and some go out nearly as bad. It is true they have memorized a few symptoms of drugs. Now this is because they have been taught that *Materia Medica* is of little account. I heard a physician say that he could take half a dozen remedies and cure as many diseases, as anybody could. When the student first begins to study *Materia Medica* he is led astray; he is led to think it is time wasted; if he can only get at the physiological action of the drug, that is sufficient; the result is he becomes a bad prescriber; he does not analyze his cases. I think the preceptor should teach the student *Materia Medica* as well as other branches.

DR. BURGHER.—Was that physician a graduate of the Hahnemann Medical College?

DR. KORNDŒRFER.—No, sir!

DR. LEE.—*Materia Medica* is the one important branch. The evil which threatens is the introduction of so many new remedies each month, purely upon clinical experience. It is not an unusual thing to hear men speak sneeringly of our *Materia Medica.* We must resist this influence and

preserve it from derision. If we want remedies, we must subject them to the same process as the Master did, and then we shall have a *Materia Medica* of which we can be proud. Homœopathy cannot endure forever, if it does not adhere to the true principles of Homœopathy.

Afternoon Session.

Called to order by the President.

The Bureau of Materia Medica was continued by Dr. Martin reading a paper by Dr. Lippe, entitled "*Our Materia Medica: How to Read It, and How to Utilize It.*"

The paper was received and referred.

OUR MATERIA MEDICA: HOW TO READ IT, AND HOW TO UTILIZE IT.

BY AD. LIPPE, M. D.

PHILADELPHIA, PA.

The Homœopathic *Materia Medica*, first introduced and carefully prepared by the founder of our Healing Art, has been very much enlarged since his day. Hahnemann carried out in full earnest what Staël and others had foreseen to be the only possible means to ascertain the medicinal virtues, the sick-making, and, under the Law of the Similars, the health-restoring powers of drugs.

Among all the collateral branches of Medical Science, the founder of our School found Pathology and *Materia Medica* equally dependent on various hypotheses, varying only as the opinions of leading men changed. Pathology then, as in our day, was and is a mere hypothesis; so was, and is to-day, the ordinary *Materia Medica*, and the world will forever remain a debtor to Hahnemann

and his few faithful pupils and friends, who assisted him in making the first provings of drugs. Hahnemann and his disciples made such use of Pathology, as it was then offered them, and we use it, as it is to-day offered us; not—no never—as a basis for our own therapeutics; but, as a valuable assistance in the examination of the sick, in ascertaining the totality of the symptoms, and their relative importance and value. Pathological conditions, no more than sick physiology, can admit of the applicability of the law of cure we seek to apply, simply because different organisms are not as equally affected by noxious, sick-making influences, as they are by medicines when taken in health, when they cause "similar" ailments. Noxious, sick-making influences, affect but comparatively few persons exposed to them, while medicines, when taken by well persons, affect almost every individual; a natural disease finds its health-restoring remedy in a medicine which has produced on the healthy individual similar symptoms.

It is to be taken for granted that the physician, who turns to our *Materia Medica* to find the similar remedy with which to cure the sick, has first fully and diligently examined the sick, and is fully convinced of the immutability of the law of similars, which he seeks to apply, when he turns to our *Materia Medica* for help.

The true healer knows that he must individualize, that the prevailing practice of the common school of medicine assigns a name to every case of sickness, expressive of the hypothetical, pathological condition, and sick physiology of the sick; this prevailing practice is generalization. The lists of symptoms of the sick, all and every one of them, are in their totality in the hands of the healer, when he looks for the similar remedy into our and his *Materia Medica;* his totality of symptoms are fully arranged, the symptoms characteristically belonging to the sick occupying the first rank; he has read the symptoms of the sick, and now reads the *Materia Medica.*

Every sick individual has symptoms belonging to him, as an individual, and so has every remedy symptoms belonging to it exclusively. The individual judgment of the physician finds a wide scope, when he arranges the symptoms of the sick according to their importance and value; he now turns to the *Materia Medica*, and in it he will find the similar remedy for each individual case, provided he reads and applies it rightly. As each case of sickness presents characteristic symptoms, so do we find that every proved drug presents characteristic symptoms. If we read the *Materia Medica* aright, we perceive at once these characteristic symptoms of each remedy, symptoms which are peculiar to it; they may be mental symptoms, or a peculiar kind of pain, or the directions in which these pains appear, or the conditions under which they are aggravated or ameliorated, or peculiar concomitant symptoms, or the periodicity of them, or the time of day at which all or any of them generally appear; and these symptoms all, or many, or some of them, show the reader of the *Materia Medica* in what relation one remedy stands to every other remedy, and in what particular it differs from those having in common with it similar symptoms.

A few illustrations will here serve to elucidate our proposition. We find a case of black vomit with putrid involuntary stools, with much thirst and restlessness, black tongue and great debility; the symptom coverer will at once read in this case, Arsenicum; but the observing physician, also finds that the patient is averse to being covered. If he has read his *Materia Medica* aright, he has found that the arsenic-sick person desires to be covered, and while in this case (taken from clinical experience) all and every symptom observable on the sick is to be found under Arsenic, the very fact that he objects to being covered, excludes Arsenic as the similar curative remedy. No matter how closely the pathological condition resembles the picture to be found under Arsenic and its provings, the gangrene evidently

present will not yield to it; the experiment had been made, but the patient very evidently grew much worse; pathological indications, as we find them in so called Pharmacodynamics, were of no use, nor could any of the boasted progressive works on Pathology show why, in this peculiar case, the patient resisted covering. This very fact would teach the healer, who finds a wide scope for his individual judgment, in arranging the symptoms of the sick, as to their importance and value, that in this, as well as in other cases, the individual symptoms of the sick, not necessarily belonging to the form of disease of which he suffers, are by far the most important symptoms. While Arsenic finds an amelioration from heat and therefore seeks it, desires to be warmly covered, Secale Cornutum finds a very decided aggravation from heat, therefore does not seek heat, but desires to be uncovered and seeks a cold room. When the healer now again turns to his *Materia Medica*, he will find that Secale Cornutum covers all and every symptom of the sick; he now finds no longer any scope for his individual judgment, but, in obedience to the Law of Similars, administers Secale Cornutum, and finds (as in this case found), that the truly similar Homœopathic remedy cured the sick. I have chosen this case to illustrate the fallacy of reading our own *Materia Medica* through pathological spectacles; any attempt to do so will mislead the physician.

Illustrations can be found in almost any case of sickness, —we have, for instance, a case of simple Hives. Every one who has read Apis has found that it is a great remedy for Hives, not a specific, as we well know that there exist no specific remedies for specific diseases, for the reason that, the simplest forms of disease do not in and on every individual develop exactly the same symptoms; now this case of Hives seeks the cold, because heat is very disagreeable and makes the suffering worse; this very symptom excludes Apis, and leads to its antagonistic similar remedy Arsenicum, which remedy is similar to Apis, causing and curing

Hives, has the characteristic symptom that cold aggravates and heat ameliorates. In this case Apis would be given without effect, but Arsenicum would promptly cure under the Law of Similars.

One more illustration. A case of Pneumonia presents itself; the characteristic pains and fever are present, the patient is afraid to move because it aggravates the pain; are we now to turn to Pharmacodynamics and learn what medicines cause symptoms similar to those of Pneumonia, and then administer one or more of these medicines guided by our own individual judgment; in other words, treat Pneumonia? Certainly not. The symptom coverer finding only the symptoms described will at once administer Bryonia, but the more careful examiner finds that the patient cannot lie on the painful side at all; if he tries it, the pains become much worse; this symptom is not necessarily present in Pneumonia and the physician, exercising his own individual judgment, gives this symptom great prominence and finds that Bryonia pains are ameliorated when lying on the painful side, while motion increases them; this remedy therefore cannot come to be considered Homœopathic to the case. The Homœopathician does not treat diseases as such, and in this case will find that Belladonna covers all the symptoms, especially aggravation from motion and when lying on the painful side, and while Belladonna can not be found mentioned as a remedy for Pneumonia in the modern works on Pharmacodynamics, and while the Pathologist can not explain why the one patient suffering from Pneumonia can lie best on the painful side, and another patient suffering from precisely the same disease can not lie on the painful side, we value such scientifically unexplainable symptoms, and administer the similar remedy with great benefit to the sick.

These illustrations might be much more extended, but they show clearly that the successful healer has to acquire a precise knowledge of the *Materia Medica*, if he desires to

apply it under the Law of Similars, for the cure of the sick. How that knowledge is to be obtained is the present question. The early advice given, 1837, by Dr. Constantine Hering in his masterly preface to a masterly rendition of Lachesis symptoms, is just as good to-day, as it was then; and we take the liberty to say that no better advice could possibly be given. If modern teachers of *Materia Medica* insist upon it, that provings of drugs must be translated into Pathological conditions, and sick Physiology, setting thereby aside both the characteristic symptoms of the sick, and the characteristic symptoms of the various proved drugs; when they wind up and try to apply the Law of Similars to two hypothetical conditions, they lose sight of the conditional laws governing Homœopathy.

Dr. Hering's diagnostic study of our *Materia Medica* requires that the student first memorizes a few of the most characteristic symptoms of a dozen remedies. He should carefully go over an abstract of the *Materia Medica*, and should find of say twelve remedies, the prevailing mental symptoms, the prevailing pains, the action on one or more tissues or organs, the conditions under which the ailments are ameliorated or aggravated, and finally the concomitant symptoms; he should now compare one of them with the other eleven, and, finally, after having compared them all, he may become conscious of many strong characteristic differences in the effects of all these drugs. He now proceeds to make more comparisons between them and all their known symptoms. If a few natural families have been so compared, the student will find it a much easier task to acquire the knowledge of every next remedy, and when, in years after, he reads a new remedy, he will master it quickly, finding at once its characteristic similarities with other remedies, as well as the characteristic differences. It would be a great advantage to the student of *Materia Medica*, if this excellent paper would be fully laid before them; the proof of its excellence is this, that all healers,

who have at all mastered the knowledge of our *Materia Medica*, have conscientiously followed that plan.

DR. MARTIN then read his paper entitled "*Apis and Podophyllum Compared in Infantile Diarrhœa.*"

APIS AND PODOPHYLLUM COMPARED IN INFANTILE DIARRHŒA.

BY W. J. MARTIN, M. D.,
PITTSBURGH, PA.

Two of our most valuable remedies in the treatment of Cholera Infantum and Summer Complaint are Apis and Podophyllum, each being adapted to the very worst class of cases,—those sinking into the hydrocephaloid condition.

Their symptoms are in many respects very similar, yet there are certain distinguishing features, which we shall endeavor to point out, that will prevent any confusion as to which—if either—should be given in any particular case.

Both have painless, watery, offensive stools, and both have morning aggravation. The stools of Podophyllum are very profuse, especially the watery stools, which are out of all proportion to the amount of nourishment taken by the child, each seeming to drain the little patient dry, and to exhaust him very much. They often contain a meal-like sediment, and have a very offensive, penetrating odor, which I have sometimes thought must be the smell referred to by the women, who in answer to the inquiry as to the odor of the stool, reply, that it "smells exactly like the summer complaint." The stool may be green, watery, whitish, frothy and indigested.

The Apis stools are variable, sometimes almost odorless, at other times very offensive. They are greenish or yellowish, mixed with mucus; or yellow, watery, or fœcal, con-

taining little bits of fœcal matter, looking like pieces of indigested orange-peel.

With the Podophyllum stool there is often prolapsus of the rectum, while Apis has rawness of the anus, or the anus seems to stand open, so that the stool drops out involuntarily.

Podophyllum has a yellowish-white tongue. Apis a dry, shining tongue.

Both have more or less vomiting, but Podophyllum has very characteristically, gagging or ineffectual retching.

Both have great thirst for large quantities of cold water, though Apis has sometimes complete absence of thirst.

Both have total loss of appetite.

Podophyllum has cramps in the feet, calves and thighs. Flesh feels cold and soft. There is rolling of the head from side to side; sleeping with half-closed eyes, and moaning during sleep.

Apis has sunken abdomen; skin dry; hands cold and blue; rolling of the eyeballs upwards. The back part of the head and neck is very hot, there is throwing of the head back upon the shoulders, or boring it back deeply into the pillow, and sudden, loud, piercing screams.

Podophyllum suits those cases that lose flesh rapidly; a day or two, or sometimes even a few hours, are sufficient to make the child look very sick and sink into a hydrocephaloid condition.

Apis suits cases which have been dragging along from week to week, slightly improving and then relapsing, until anæmia and nervous exhaustion have reached such a degree, as to terminate in hydrocephaloid.

To obtain the most brilliant results, and oftentimes, I believe to save the patient's life, the 200th potency should be used, more especially, if the indicated remedy is Podophyllum.

DISCUSSION.

DR. MCCLELLAND.—The comparisons are well drawn and worthy of approval. The Doctor says, after drawing comparisons, that, in order to secure benefits particularly from Podophyllum, it must be given in the 200th potency. This is gratuitous. The Doctor should say, in my experience the 200th has given the best results. In the experience of another man the 30th, of another the 200th may prove the most useful. We must not be dogmatic. In questions which are unsettled, I think we should modestly put forth our opinion as to results. The indications for remedies we can give with certainty. A drug that has produced certain effects will cure such effects. We cannot be so certain as to the potency. I use the 200th with good effect.

DR. MARTIN.—I only gave it as my belief, particularly with respect to Podophyllum.

DR. CHILDS.—I have had some experience with Podophyllum, don't recall a case where the patient was killed, and *never* used the 200th. Have had better results from Apis 30th, than from Podo. 30th, but have been in the habit of using the 3rd.

Dr. KORNDŒRFER.—I suppose I am recognized as a high potency man. I have been in the habit of expressing myself, in regard to potencies, in this way: I would as soon go out with one remedy in all potencies, as all remedies in one potency. We do not individualize enough. We are not careful to note the surrounding circumstances, the history of the case, the atmospheric and hygienic conditions, as well as the sanitary condition of the house. If this were done, there would be some final evidence, when high or low potencies should be used. The simple suggestion of a potency invariably amounts to nothing. My experience has been with the high potencies. The Podophyllum diarrhœas have been such as occur in the morning, but depending upon atmospheric changes, damp weather generally,

frequently injudicious diet, the use of fruit as well as food, which is not digested, bringing on diarrhœa early in the morning with constant changing of stools; there are mixed stools; at one time a certain proportion of yellow, brown, green and white; at another time a different proportion. No two stools are alike. The 3d acts well; three or four doses relieve in two or three hours, and about ten doses cure.

DR. WALKER.—Physicians are in the habit of giving the potency which has served them best. I have a lady under treatment for headache, who had been taking Sulph. high, but I do not think she got enough of it. I gave her Sulph. 81,000th, frequently repeated. Now she has headache every six months, whereas formerly it occurred every four days. Twelve years ago, I went West and treated Intermittent Fever, never giving less than the 200th, and out of 55 cases, 50 were cured. Nineteen cases received but a single prescription; in each prescription was a single dose of the 200th. Several cases did not have a recurrence for two or three years. One case to which Nat. Mur. was given never had a recurrence for seven years.

DR. BURGHER.—Mr. President, I rise to a point of order. The gentleman is not discussing the paper, but giving his clinical experience.

DR. SEIP.—What were the symptoms of headache for which Sulph. was given?

DR. WALKER.—Heat on the head, burning, &c.

DR. LEE.—I move the Bureau close.

DR. BURGHER.—I second the motion, and suggest the appointment of a Committee on Botany, to inspect the flora of Cresson.

A motion being made to this effect, it was put to vote and lost, possibly on account of the heavy rain storm.

REPORT OF THE BUREAU OF GYNÆCOLOGY.

DR. J. C. BURGHER, Chairman, presented a paper by Dr. J. H. Marsden, entitled *"A Case of Uterine Tumor."* The paper was received and referred.

A CASE OF UTERINE TUMOR.

BY J. H. MARSDEN, A. M., M. D.,
YORK SULPHUR SPRINGS, PA.

We are perhaps too much in the habit of parading before the profession, and the world, our successful cases, while we suffer our unsuccessful ones to pass unnoticed, and as soon as possible to be forgotten. By this course the instruction which the latter are often calculated to impart is entirely lost, if not to ourselves, at least to others. It is said that Napoleon, during his dreary abode upon the Island of St. Helena, often occupied himself in reviewing his lost battles, in order to satisfy himself whether, by any different handling of his troops, he could have averted disaster. May we not learn from his example?

Several years before the operation of which I am about to speak, the exact time I am unable to recall, Mrs. E. came to my office and stated that although she had passed the menopause, perhaps as long ago as ten years, she had lately experienced a considerable uterine hemorrhage, which gave her some concern, and which still continued, but in much less amount. I confess I did not at first fully estimate its import, supposing it to be simply one of those aberrations from the normal course with which we not unfrequently meet. I gave her some remedy under the use of which the discharge ceased, and I thought no more about it till called upon again perhaps two or three years afterwards, on account of the same trouble. I was then

told she had, during all that interval, now and then, experienced a recurrence of the hemorrhage, but in an inconsiderable degree, and it had still spontaneously subsided. At this time I made a digital examination. I found the womb enlarged and heavy, and upon the internal surface of the vagina, a small protruding body, perhaps about the size of a sparrow's egg. As hemorrhage had been persistent, I thought it not improbable that the inner surface of the womb might be studded with smaller projections of a similar character. I accordingly made preparations for dilating the os with a view to a more thorough examination, but the hemorrhage again ceasing, and the patient seeming indisposed to further treatment, the case was lost sight of till in April, 1878, when I was again called to see her. I now found her with great and tense abdominal enlargement, which I had no doubt was owing to the existence of a tumor. She represented this as having been first noticed in the supra-pubic region, although it was now rather more prominent above the umbilicus, where I could detect distinct fluctuation. I made a very careful examination *per vaginam et per rectum.* The os uteri was so high as to be reached with difficulty, the body of the womb too elevated to be satisfactorily examined, while it seemed to be pushed to one side—if my memory serves me, to the right. There was nothing peculiar in the condition of the os—it was perhaps very slightly open, and the finger withdrawn from contact with it was covered with blood. The vaginal excrescence above referred to, had entirely disappeared. I passed a needle, such as is used for sub-cutaneous injection, through the abdominal wall above the umbilicus where fluctuation was most distinct, and withdrew a portion of chocolate colored fluid, which after standing in a 2-dram vial, threw down a brown precipitate, apparently consisting of dead blood-discs. Upon the addition of a little acetic and carbolic acid to the supernatant fluid, it assumed a slightly milky appearance, but formed no flakes of coagulated

albumen. The patient was now in her 68th year; of dark complexion; corpulent; of good natural constitution; courageous and intelligent.

From the age of the patient; the long continued repetition of hemorrhages; the elevated, dragged-up position of the womb; the fact of the fluid containing no more albumen than might be supposed to be furnished by the extravasated blood, I diagnosed a tumor connected with the body of the uterus. I stated to her the nature of her case, the little hope I had of its being cured by medical treatment alone (some may say I should have confidently relied upon this), and at the same time pointed out to her that although in my opinion her *only* chance lay in the success of an operation, I did not think her prospects in this, nearly so good, as those of a young woman in the same neighborhood, who had been very successfully operated on a few months before by the same surgeon ultimately employed in this case. All I could promise her, in case of her taking the risk, was that I would procure the assistance of a reliable surgeon, and spare no pains in her after-treatment myself—that she should freely take her choice—I had no persuasion to offer.

She was carefully examined in August, 1878, by Dr. M. Macfarlan, of Philadelphia, assisted by the late Dr. W. H. Cooke, of Carlisle, and the author of this paper. A very large amount of grumous fluid, as above described, was withdrawn by means of a trocar and canula, and the skin on the lower abdominal region freely punctured with a bistoury, through which a serous fluid in considerable quantity exuded, relieving an œdematous swelling which then existed there. It was decided to operate upon the patient one week from the day upon which this preliminary examination was made.

On the day assigned in Aug., the operation was performed in the usual manner by Dr. Macfarlan, assisted by Dr. Bender, of Carlisle (Dr. Cooke's health preventing his

attendance), Dr. Carr Scoyoc, of Mechanicsburg, and myself. Having named the operator, I need say nothing in defense of the dexterity and skill with which the operation was performed.

The patient passed readily under the influence of the anæsthetic, and remained in a passive condition during the operation, which was difficult, on account of the size of the tumor and the desire of the surgeon to extract it through the shortest possible incision. The tumor was found attached to the exterior of the uterine wall by a pedicle rather short, but otherwise of the usual conformation. It was polycystic—the walls of the individual cysts being very thick and fibrous. With its original contents it would have weighed about forty pounds. The pedicle was secured by means of the clamp and cut near to its attachment with the tumor.

As soon as the wound was dressed, the patient put to bed, and the effects of the anæsthetic fully passed off, she began to suffer the most agonizing pain in the back. She had previously told me, that for many years, she could not maintain the dorsal position comfortably for any length of time. Her suffering now was, however, probably owing to the dragging of the uterus, through the shortness of the pedicle, from its normal situation, and the consequent unnatural tension of its supports. This suffering caused the patient to lose completely her self-control, and almost wholly to disregard the injunction to lie still upon the back. No persuasion could induce her to avoid throwing herself about with considerable violence. Arnica was left for the patient, a dose every hour or two, and Kreosote in case of vomiting.

Next morning I found she had had several fits of vomiting, which seemed to have been controlled by the Kreosote. She had high fever, with a good deal of pain, and considerable tympanitis. Aconite was given to be frequently repeated. Visited her in the evening of the same day, when I found great meteorism and continued pain. She said the

pain in her bowels seemed as if caused by flatus,—colicky. I gave Colocynth. Next morning pain had subsided—meteorism nearly gone, little or no fever, vomiting had ceased. For two or three days subsequently the patient seemed to be doing very well. About the expiration of the above period, however, I was sent for in the night, and found her in an intensely high fever, without any other special aggravation. Gave Aconite. Next morning the fever had nearly left, patient expressed herself better, but I found a glow upon the surface, around the wound, indicating the existence of erysipelas. Some purulent discharge had already set in. As it was about the time the clamp should be removed, it was very carefully taken off. The incision was so depressed, probably from the dragging downward of the pedicle, that it was impossible to determine to what extent healthy adhesion had taken place. The discharge soon became very profuse, but was apparently healthy. The dressings were frequently changed in order to remove the discharges before decomposition, and the wound was daily dusted with powdered charcoal specially prepared for the purpose. The patient was most assiduously nursed by her daughter, who spared no pains to carry out instructions to the letter. Remedies were given *pro re nata*, and the patient, notwithstanding the profuse discharge, continued to improve up to the fifteenth day, so that by that time we thought the victory won and triumph certain. This we will say was the second Saturday after that on which the operation was performed.

On the following Tuesday, while I was engaged in attending a case of labor, a messenger informed me that Mrs. E. was suffering intense pain in the bowels, which she attributed to constipation. The bowels previous to this time had been relieved as occasion seemed to require by enemata of warm water containing a little old castile soap. Not being able at once to obey the summons, late in the evening, on my way to see the patient, I met a member of her

family, who informed me that a rather violent diarrhœa had set in. I prescribed for this, and found next morning it had subsided—still, however, there was pain. The symptoms thenceforward varied from day to day, pain in the bowels being mostly the prominent one, attended by quickened pulse, and more or less augmentation of temperature. At length she was seized with a very severe pain in the left shoulder, apparently of a neuralgic character, for which Aconite was internally given and externally applied, but without relief. The pain extended to the chest, attended by extreme dyspnœa and restlessness. The patient rapidly sank, till, on the 25th or 26th day after the operation, death closed the scene. This is the longest postponement of a fatal termination following a like operation, that I remember to have seen recorded. One case of ovariotomy is reported, I think by Dr. Clay, which died on the 24th day, of septicæmia.

I regret that I have not been able to detail more minutely the particulars of symptoms in their regular sequence, and the treatment from day to day throughout. This is owing to my having recorded them in a portable register, which a scoundrel stole from my office, under the belief, no doubt, that it was a pocket-book containing money, and which up to this moment I have been unable to recover. I vouch, however, for the general accuracy of the statements.

It remains for us to elicit the instruction the foregoing case may be able to furnish. This we intend to do by interrogations, leading to a discussion of it by the members of this Society, rather than by thrusting forward any opinions, or stating any convictions of my own.

First.—When we find a tumor, attached by a pedicle rather short to the external surface of the uterine walls, would it not be better, by some of the methods proposed, to ligate the pedicle and return it into the cavity of the abdomen, closing the incision throughout its entire extent, un-

less perhaps a short space for the purpose of drainage? If the pedicle be short, and perhaps under the circumstances, this is generally the case, and if it be fastened in the incision by a clamp, there must necessarily be more or less dragging force upon the womb. This will necessarily be attended by the stretching of its supporting attachments, and more or less of pain and consequent restlessness.

Second.—When an operation is followed, from any cause whatever, by intense suffering, obliging the patient to toss to and fro upon her bed, if the means which we are in the habit of considering legitimate do not relieve her, had we not better, upon the principle of choosing the less of two evils, and when we have not special reason to fear this drug will cause vomiting, give her Opium in some of its forms until pain is allayed and rest procured? I am aware of the disadvantages of this practice, and would most strenuously object to it as a general one, but still I think there may be, nay, that there do actually occur cases, where, in the present state of our knowledge, it may be the best that we can do. I am aware Coffea has been recommended to allay the pain following surgical operations. Clinically, has it been found effectual? Rhus, for restlessness, does it control it?

I was present at an operation similar to the one now under consideration, at Gettysburg many years ago, in which case the tumor was attached to the womb by a very short pedicle, thick, fibrous and solid. Dr. John L. Atlee was the operator. I remember the propriety of ligating was discussed, but the pedicle was ultimately secured by the clamp—drawn up with much difficulty. The patient, an unmarried woman about forty years of age, when put to bed writhed with horrible suffering, of which she experienced no abatement up to the time I left. Some four weeks afterwards I was in Gettysburg, and was kindly invited by Dr. Horner (Allopathic), who had the patient in charge, to call with him to see her. I found her still in bed. The incis-

ion, in the site of the pedicle, had become a *deep* ulcer, fully an inch and a half in diameter, but without pain or much discharge. I inquired about the suffering subsequent to the operation, and was told that McMunn's Elixir of Opium had been freely given, and the pain had shortly ceased. There was a recurrence, however, next day about the same hour, when a dose or two of the same drug procured permanent relief. This patient ultimately regained good health. I know another lady, however, operated on by the same Surgeon, the tumor ovarian, to whom Opium was freely given for ten days, simply to ward off inflammation, in which its ill effects were unmistakably apparent. After a tedious convalescence, she also regained her health.

Third.—When there is a diseased condition of the integument covering the abdominal walls, or of the sub-cutaneous tissue, as manifested by eruption on the former or dropsical effusion into either, would it not be better to postpone a final operation till some time after every vestige of such disease has disappeared? The condition alluded to strongly favors the development of erysipelas, especially if the season be warm, and the occurrence of erysipelas must always constitute a very serious complication. If I may be allowed an opinion of the ultimate cause of the death of the patient whose case we are considering, I believe it was erysipelas—not merely superficial, but phlegmonous, affecting the subcutaneous tissue. Hence the profuse purulent discharge. So long as this discharge found its way outwardly, the acute inflammation having already subsided, the case did well. But owing to the, as yet, imperfect adhesion, my belief is, notwithstanding the care in its removal, that the pus burrowed and found its way in considerable quantity into the abdominal cavity. Here it probably rekindled the peritonitis, which had to some extent set in at an early stage of the case, and constituted a blood poison, which, entering the circulation, produced the strange and fearful symptoms which characterized the closing scene of this in-

teresting case and caused it to terminate in death after we had confidently expected restoration to health.

I had other interrogatories, which I intended to propose for the consideration of this learned body; such, for instance, as the selection of the season, so as to avoid extremes of temperature; the determination of the age beyond which we had better, under all ordinary circumstances, decline to operate, &c., &c. As I have, however, already extended my paper, I fear, to an unreasonable length, I forbear pursuing the subject further.

DISCUSSION.

DR. MCCLELLAND.—The well known modesty of Dr. Marsden is exhibited in every line of his paper, and the points he puts forward in a suggestive way, in the way of question, are probably points which he has weighed carefully, and should have advanced positively. Some of his interrogatories could be answered in the affirmative, viz.: would a ligature have been better than the clamp? The present experience is, that the ligature is better, for many reasons. As for the administration of the opiate, the affirmative is also proper. Of course I would give a fair chance to the remedy indicated, yet I feel that no homœopathic remedy was indicated in this case. Here was a mechanical difficulty, the clamp producing a tension upon the tissues, a stretching; hence I feel it would have been better to have given the patient McMunn's Elixir, rather than to have let her toss about in agony, and I would have treated the wound anti-septically.

DR. BUCK.—I do not exactly know whether this was an ovarian tumor, or a tumor of the uterus. The paper does not mention whether the clamp was artificially removed or not.

DR. COOPER.—The symptoms of erysipelas caused the removal of the clamp. I am glad this paper has been read; it will be a gratification to Dr. Marsden, who has felt grieved

because some of his papers have been ruled out, and hence he does not come among us.

DR. LEE.—Nothing was ever intended to show any disrespect for Dr. Marsden. His papers were sometimes referred owing to lack of time.

DR. COOPER.—Opium is oftener indicated, and homœopathic to such a condition, than is conceded by our physicians. After an operation, the nervous system is in a condition, from excitement and dread incident to the case, in which Opium is oftener indicated homœopathically than any other remedy.

DR. KORNDŒRFER.—In relation to what Drs. McClelland and Cooper have said, I agree to a certain extent. Some years ago, Dr. Hering called in Dr. McClellan, of Philadelphia, to operate for stone in the bladder. After a time the patient suffered the agonizing pains which frequently set in after an operation. Dr. McClellan, who had charge of the case, said the patient would die, that he had never seen a case suffer so, that got well. Dr. Hering said, "Let me give the patient some medicine." He prescribed Hypericum, and in fifteen minutes the patient was easier, and he asked Dr. McClellan to come up. The homœopathic remedy, if carefully selected, will have the desired effect, but cannot remove the symptoms produced by mechanical appliances.

DR. DINSMORE.—I had a patient who was suffering to whom I gave Morphine, but without effect. Coffee relieved the pain and produced natural sleep.

DR. RANKIN.—What kind of a ligature could be used to the best advantage?

DR. MCCLELLAND.—I have used carbolized catgut, and silk. Catgut softens and gives, and, if there is any danger of secondary hemorrhage after forty-eight hours, I would prefer the silk; but, if there was no such danger, I would use the catgut.

DR. BURGHER.—I think the time and the condition of the patient would have an influence. Where there is a tendency to erysipelas, it would be best to defer the operation until such tendencies were relieved, thereby enhancing the chances of success.

DR. COOPER.—Where dropsical symptoms have shown themselves, and a want of power to nourish the body is manifest, aspiration should be resorted to, and no case operated upon until under the most favorable circumstances.

Upon motion, the discussion was closed.

DR. BURGHER then read his paper entitled "*Congestive Dysmenorrhœa.*"

CONGESTIVE DYSMENORRHŒA.

BY J. C. BURGHER, M. D.,
PITTSBURGH, PA.

Gynæcologists recognize six varieties of dysmenorrhœa, viz.: neuralgic, spasmodic, congestive, inflammatory, obstructive and membranous. To this classification some authors have added, ovarian, gouty and rheumatic dysmenorrhœa, and that caused by organic diseases and displacements of the uterus.

As indicated by the title, the congestive type or variety only will be considered in this paper. Should I be thought unfortunate in the selection of my subject, my apology is, that this type of the affection is the one most frequently met with in general practice.

As preliminary to a clear exposition of the subject, it will be in place to notice, briefly, the physiological action involved in the act of normal menstruation and the changes that take place in the organs directly implicated.

Throughout the entire epoch of the functional activity of the genitalia of women, the uterus and ovaries have the

important office of menstruation to perform at periodical intervals of about four weeks. From puberty to the menopause, unless interrupted by disease or pregnancy, a sanguineous discharge from the uterus recurs monthly and continues from three to five days or more at each period. The type of menstruation, however, is far from uniform. The quantity of blood discharged not only varies in different women, but often in the same person at recurring periods. The periodical return of the menstrual flux is uninfluenced by the phases of the moon, and the usually accepted opinion of its recurrence every twenty-eight days merely approximates accuracy.

It is especially worthy of note, that the uterus is not subject to disease before the age of puberty, except from extraneous causes, and that it is equally exempt after the climacteric, unless the germs of morbid processes or malignant growths were engendered during the period intervening between the advent and final cessation of menstruation. It should be borne in mind that the uterus takes a prominent part in three important physiological functions that influence its textural condition, namely: menstruation, sexual congress and gestation. At each menstrual nisus, during the entire term of active sexual life, the uterus, ovaries and Fallopian tubes are in such a state of turgescence, that the uterus is augmented in size and weight one-half or more, and its mucous membrane is congested and thickened. The uterus is an erectile organ, surrounded by and supplied with numerous blood-vessels, which traverse the organ itself and the loose connective tissue of the pelvis in every direction. In fact, no other part of the body is supplied with such a net-work of blood-vessels within the same space. The erectile character of the tissues renders these vessels liable to become over-distended and varicose, from any continued obstruction in the circulation. Such, for instance, as feebleness of the heart's action, and obstruction of the portal circulation. We must also appreciate the fact

that the plexuses of uterine veins are unprovided with valves, and from over-distention and impaired nutrition, lose their elasticity, and consequently their ability to return to the general circulation the blood received from the arterial capillaries, leaving the venous capillaries in a state of asthenic hyperæmia. The uterine veins and sinuses become, from their long continued congestion, mere passive receptacles. Owing to the force of gravity, the uterus, from its increase in size and weight, is forced to settle lower in the pelvis, especially when the patient is much on her feet. Since the veins are more compressible than the arteries, the venous stagnation will be augmented in proportion to the prolapse.

During and for some time preceding the *molimen menstruale*, the uterus, ovaries and vagina become the centre of a nervous and vascular influx, that results in a physiological congestion of these organs, and escape of blood from the ruptured capillaries of the mucous membrane of the body of the uterus. A congestion, differing only in degree, is induced by venereal excitement.

It is important that we discriminate between passive congestion, which is usually venous, and inflammation, which is arterial congestion, resulting from some local irritation. When a degree of arterial congestion is reached, sufficient to establish inflammation, a distinct train of symptoms is ushered in, secondary to and consequent upon the primary condition. Inflammation is altered nutrition in a part, the result of molecular death, the products of which are easily recognized previous to their absorption. Menstruation, even when running a normal course, has its disturbing influences on the system. Most women experience a feeling of physical languor and nervous irritability. Dragging pains in the back and loins and a sensation of weight in the pelvis are generally present. Derangement of the digestive organs, arterial excitement and nervous inquietude are not uncommon. In brief, the discomfort and lassitude experi-

enced, is not inaptly expressed by the sufferer herself in the phrase, " I am unwell."

Congestive dysmenorrhœa is met with, both in virgins and women who have borne children. Women of plethoric habit and sanguine temperament are particularly liable to it. " For some time before and after the catamenia appears, the suffering is very great; the patient complains of pain across the back, aching of the limbs, weariness, intolerance of light and sound; the face is flushed, the skin hot, the pulse full, bounding and quick. These sufferings are relieved by the menstrual flow, which, although sometimes scanty, is often very profuse."

It will be observed that the pain precedes, and reaches its acme before the flow appears. As soon as the discharge takes place the pain abates, usually in proportion to the quantity of blood discharged. In some cases pain more or less severe is experienced during the entire period; the flow being scanty and the consequent relief but partial. In such cases the uterus is tender and even painful for a considerable time after the flow ceases. In other cases the discharge may continue only for a few hours, cease for a time, and return again in the form of coagula. Although, as before stated, persons of robust habit are the more usual subjects of congestive dysmenorrhœa, it is frequently met with in those of spare and delicate frames, as a result of exposure to wet and cold, or as a consequence of exciting or depressing mental emotions. This form of dysmenorrhœa may result from displacements of the uterus, sub-involution after child-birth, as one of the sequelæ of repeated attacks of Intermittent Fever, habitual constipation, sexual excesses, errors in dress, faulty habits, protracted and injudicious exercise, diet, &c., during the menstrual nisus. From any of the causes enumerated the pelvic organs may become so gorged with venous blood as to produce and keep up a state of hyperæmia in the uterine vessels, which, being augmented at the menstrual epochs, establishes a condition in the mucous

membrane which lines the body of the uterus, that so antagonizes its secreting capacity, as to retard the flow, and cause it to be both scanty and painful. It should also be borne in mind that the cavity of the uterus is very small. Its capacity, undistended, is limited to about ten or eleven drops of fluid. It must be quite evident that undue congestion and hypertrophy of the lining mucous membrane of the cervix uteri, must impede the escape of the effused blood, which is, however, finally overcome by expulsive uterine pains, lasting in some cases for several hours, when a considerable quantity of blood, partly liquid and partly coagulated, is suddenly expelled, affording almost instantaneous relief.

TREATMENT.—The treatment of congestive dysmenorrhœa should be both hygienic and medicinal. Our first effort should be to determine the cause, or causes, since this knowledge will direct us to the most suitable course of treatment. If from faulty nutrition, this should be corrected by proper hygienic and dietetic observances, aided by the administration of such remedies as are from time to time indicated by the symptoms present in every organ of the body, whether apparently connected with or independent of the uterine congestion. A mere routine treatment of the pathological condition, in this, as, in fact, in almost every other form of disease, must prove unsatisfactory, if not illusory. Should it be the result of sexual excesses, they must be interdicted. If from habitual constipation, this should be corrected by proper diet, exercise, and efforts to evacuate the bowels at stated times, at least daily, in addition to the medical treatment. If resulting from impeded circulation from tightly fitting corsets, or from heavy skirts suspended by the waist, they should be abandoned. When due to long and fatiguing journeys, over-exertion, long standing, &c., rest in the horizontal posture should be enjoined. If from exposure to cold and wet, warm sitz baths, or vaginal injections of water as hot as can well be borne,

with artificial warmth to the feet and rest in the horizontal position, will prove serviceable auxiliaries. In cases of chronic dysmenorrhœa of this form especially, all active exercise should be prohibited for four or five days before the period, and during the continuance of the flow.

As an aid to the selection of the appropriate remedy, the following therapeutic indications are offered:

Aconite.—This is indicated in plethoric subjects with profuse menses; pain in the back; labor-like pains in the uterus, which cause her to bend herself double; she finds no relief in any position; she is excited; fears she will die. Menses suppressed by a cold bath; from fright, with epistaxis.

Aletris Far.—Menstruation premature and profuse; discharge dark-colored, with coagula; heaviness and pressure in the uterine region; colicky pains in the hypogastrium; debility, defective nutrition and imperfect assimilation; drowsy, vertigo, fainting.

Aloe.—Heaviness in the uterine region, with pains in the loins, groins and back; flow profuse, deep-red and clotted; dragging-down sensation in the rectum, with a feeling of fullness in the pelvis; pain in the præcordial region, extending through to the left scapula; weariness and heaviness of the legs; heat and soreness in the rectum; hæmorrhoids.

Belladonna.—The flow is bright red, sometimes mingled with clots, having a disagreeable odor; bearing down as if everything would issue from the vulva; throbbing headache, relieved by pressure; drowsiness, with inability to sleep; spasmodic twitchings; eyes congested, pupils dilated and face flushed; violent pains come and disappear suddenly.

Borax.—Catamenia anticipates, flow profuse and attended with pains extending from the stomach to the small of the back; flow preceded by stitching pains in the pectoral

region; lancinating pains in the groins during the flow; nervous starts at the least noise, dreads downward motion.

Cimicifuga.—Profuse flow of dark coagulated blood, of a passive character, with aching in the limbs, severe pain in the back extending down the thighs, with heavy, pressing, labor-like pains, uterine cramps and tenderness of the hypogastric region; pricking sensation in the mammæ; febrile condition; suppression from cold. Suited to rheumatic subjects especially.

Hamamelis.—Flow steady, venous in character, and without uterine pains. Retained menses, with hæmatemesis, constipation and varices of legs; severe pains in the lumbar and hypogastric regions, extending down the legs; sensation of fullness in the brain, with severe pain in the head, causing stupor. Vicarious menstruation.

Lilium.—Menses scanty, dark color, thick consistence, with odor resembling that of the lochial discharge; flow only when moving about; burning pain in the abdomen and ovarian regions; gnawing pain in the back, worse when in bed; cutting pains in the left mammary gland extending through to the left scapula. Cardiac complications.

Secale.—Particularly applicable to spare, cachectic women. Menstruation too frequent, profuse, and continues too long; dark, seldom coagulated blood, sometimes fetid; flow increased from slight exertion; bearing-down sensation; acute, cutting pains in the abdomen, cold extremities, cold perspiration, convulsive movements of the limbs, cramps in the calves of the legs and general coldness.

Sepia.—Severe colic with shuddering before the flow sets in; discharge scanty; bearing-down pains which oblige her to cross the legs; sensation as if the vulva was swollen; headache, with nausea; yellow patches around the mouth, on cheeks and across the nose; cold hands and feet, with frequent flashes of heat to head and face; constipation, hard, knotty, insufficient stools.

Ustilago.—Constant aching in the uterus; menstruation too profuse, too frequent, and lasting too long; blood dark colored; intermitting pains in the ovaries, uterus and back, recurring every few minutes; uterus enlarged, the cervix tumefied and os dilated.

There are several other remedies valuable in this disease, but those enumerated above I have found the most useful.

REPORT OF THE BUREAU OF OBSTETRICS.

Dr. R. J. McClatchey, Chairman, being absent, as well as all the members of the Bureau, the Secretary read a paper from Dr. M. Friese, entitled "*Rigid Os Uteri as a Cause of Tedious Labor.*"

RIGID OS UTERI AS A CAUSE OF TEDIOUS LABOR.

BY M. FRIESE, M. D.,

HARRISBURG, PA.

I have so often seen cases of rigid os uteri, both in my own practice and in that of other physicians, and the result has been so uniformly tedious and painful labor, that I am induced to make it the subject of a brief paper at this time. It is an old subject, it is true, but not on that account, I trust, wholly without interest to the Society. My treatment of it will not reveal anything new, especially to the older members; I will endeavor to look at the more important points involved, as to causation, pathology, and treatment; and hope that from these hints you may elaborate some useful and practical ideas.

For general purposes, we may divide rigid os into two varieties, viz.: tonic and spasmodic or irregular.

The causes may be considered under the head of general and local. Some women are so highly plethoric, and have such rigid muscles during pregnancy, that when labor sets in it takes a long time to "wilt them down," as I was once told by an old midwife, to the necessary point of relaxation for dilatation of the os uteri to be effected. But these cases are not much trouble to the practitioner, nor usually attended by any dangerous symptoms, which a few doses of Aconite or Belladonna will not dissipate. I do not think that a mere plethoric or sthenic condition will ever give rise to convulsions, or any serious complications, if the case is well managed. Here we have usually a tonic state of the muscles of the os and cervix uteri. Other cases of regular contraction of the muscular fibre may be found in those cases of induration and hypertrophy of the uterine cervix from previous disease. Here we often find considerable difficulty, although the cause may be entirely local. The treatment will be sufficiently indicated by having due regard to the general principles involved in the management of rigid os, which principles I shall endeavor to define in the course of my remarks on this subject.

The spasmodic variety of rigidity is perhaps the most troublesome, and dangerous, since it indicates a more or less extensive disturbance of the nervous system. There is always a hyperæsthesia of the os and cervix, perhaps of the entire uterus and appendages. A want of co-ordination and regularity of the various muscular fibres of the womb, in their appointed work, is the result of such nervous derangement. It is quite apparent that, in these cases, those muscular fibres of the os internum and externum, as well as those of the cervix, which are concerned in closing the uterus during gestation, thus performing the office of sphincter muscles, are quite unyielding, although they have not at all times a rigid feel to the finger. They do not become paralyzed and relaxed by the pressure of the presenting fœtal part, but, on account of a peculiar sensitiveness of the

nerves, a contraction seems to take place at the time of each pain. Such cases may result in regular puerperal convulsions, if not met by suitable and prompt treatment. But to describe all the causes of rigid os uteri, remote and proximate, having special regard to the physiology of the uterus, and its relation to the general system, is more than I shall attempt at present. The hypogastric and spermatic plexus of nerves, which supply the uterus with its nerves, are made up of both spinal and sympathetic branches. It is true, anatomists have not been very particular about telling us how these different nerves are distributed to the uterus, but experiments made with anæsthetics rather demonstrate that the cervix and os contain more of the spinal variety. I have frequently observed that chloroform will relax the cervix and os, while the contractions of the fundus continue. This is in accord with our knowledge of the relative effect had upon the two great systems of nerves with anæsthetics. As to the muscular arrangement of the uterus, not much can be learned as to the causes of rigid os. The transverse, longitudinal, and oblique fibres, are all arranged to subserve the best purpose in the process of parturition, and will do so, unless influenced by extraneous causes, or local disease of these structures. There is, however, one other prolific cause of rigid os uteri, which I desire to speak of, for the reason that it is an avoidable cause, and, hence, may be prevented altogether by proper treatment. To the experienced accoucheur, the difficulty I am about to mention is not likely to occur. My hints are intended more for the younger members of the profession. I refer to the excitation of uterine pains before nature is ready for the process of labor. I have seen this done frequently by midwives and inexperienced physicians. The patient may get a few pains from indigestion, mental excitement, or excessive physical exertion, and being near her time for confinement, she concludes that labor has commenced, and sends for nurse and doctor. She may have some very sharp pains,

and be in a very high state of nervous excitement. Upon examination of the os uteri we often find very little dilatation—the parts are rigid and sensitive, the cervix is not quite obliterated by the descent of the presenting part of the fœtus, and there is not that rounding off of the os, which indicates that nature is fully ready for labor to commence. Of course if one knows that the proper course to pursue is to quiet the patient with encouraging words, and with remedies suitable to her condition, at the same time ordering physical rest in the horizontal position, there will be no trouble, as all pains and excitement will subside, and the case will go on to maturity without any trouble in the first stage. But I have met cases which had been so urged forward and tampered with, that I could not quiet the process so begun, and was obliged to worry through with a tedious case of labor. But this hint will suffice for this part of my subject.

The treatment of rigid os uteri during parturition has been attended by considerable difficulty, and many are the devices which have been used to overcome the muscular tenacity. Allopathic physicians have exhausted all the heroic methods for this trouble, among which we find that of cutting through the os at different points to produce the desired relaxation. It is true that in some cases of premature labor, especially those complicated with convulsions, forcible dilatation may be admissible, and even necessary. This can usually be done by one of the dilators in use; probably Barnes' is as good as any, or by the hand of the accoucheur. Chloroform, I think, should be given under such circumstances. There is a form of manipulation mentioned by some authors, which, I think, I have used to advantage. It is said to have been practiced by M. Puzos, nearly a century and a half ago, and is used by Drs. Ludlam, Lord and others. The cases in which it is applied are those where the anterior portion of the os does not dilate, and is pressed between the head of the fœtus and the symphysis pubis, a

condition of things which obtains not unfrequently. The finger of the operator is carried around the entire dilating part, so as to know where the most resistance is met. During the pains, pressure is made against the protruding lip of the os, which is found under the pubic arch. The pressure should be light—rather supporting than otherwise—when the pains are over, an effort may be made to push up this part of the os, between the head of the fœtus and the pubis. The first effort, however, is not likely to succeed, but the same manipulations should be continued during and between the pains, until the difficulty is overcome. This manipulation is not painful or disagreeable to the patient, except perhaps for a very brief period, but on the other hand, is desired by her, and she often is heard to say, "doctor, that helps me very much."

The homœopathic remedies, which I have seen do the most good in tedious dilatation of the os uteri, are: Belladonna, Gelsemium, Cimicifuga and Pulsatilla. The indications for their separate use will be sufficiently clear at the bed-side, where all the characteristics of the patient are seen.

I cannot close this brief and imperfect treatise on rigid os uteri, without giving my experience with chloroform in these cases. There are patients who are so highly sensitive to pressure upon the os and cervix uteri, that, on the accession of each pain, the whole system trembles, and the patient will try to get away, showing signs of bewildering suffering. Such cases I have been unable to manage without Chloroform. I ask the lady for her handkerchief, upon which I pour a little of the anæsthetic, and direct her to inhale it. She very soon finds that it modifies her suffering, and passes over her handkerchief for "more of that ether." And thus she may be allowed to inhale the Chloroform in tentative quantities, for hours if necessary; always keeping her above anything like total anæsthesia, which is unnecessary in this condition, as patients can be made

quite comfortable, and the dilatation effected with a very small quantity of this agent, if administered according to the above described rule.

DISCUSSION.

DR. SEIP.—An important remedy in the first stage of labor with long continued pains, is Chloral Hydrate in ten to fifteen grain doses; it quiets the pains and puts the patient in a good condition. If this does not give sufficient relief, the administration does not contra-indicate chloroform. I have not had much experience with it. Forcible dilatation while the head presents cannot be done well during the pains; sometimes the head does not come down far enough to retract the os.

DR. J. K. LEE.—My experience is different now from what it was when a young man. Since I have paid more regard to treatment I get along better. Where there is great heat and sensibility, I give Aconite; when rigid os depends upon nervous irritability, I rely upon the homœopathic remedy, probably Chamomilla. Another case arises from too great an accumulation of liquor amnii. In such cases an early evacuation sometimes facilitates labor. We complicate cases more by interference, than by the homœopathic remedy.

DR. MCCLELLAND.—I indorse Dr. Lee's remarks. Rigid os yields quickly to the homœopathic remedy. Even where the tissues are hard, Sepia softens them down. You may have to wait a little longer. I use Bellad. in a dry, hot condition, also Gelsem. and Aconite.

DR. WALKER.—A few days ago I got the indications for Gelsem. in these cases. The pain shoots down the right side and then up the back, doing no good. Gels. relieves these pains. I also use Aconite and Bell. and in a few cases, Cauloph. low.

DR. RANKIN.—As to the causes of this trouble, there are several, and I think the distress might be obviated by the

removal of these causes. One cause is the bad mode of living. It is said that Indian women never suffer this trouble. I would suggest that, if the women were to regulate their diet when in this condition, considerable less trouble would be experienced. I have attended women in labor who have lived plainly and they had but little pain. Another cause is the indulgence in sexual intercourse during the period of gestation. Young girls who become pregnant from one copulation rarely have difficult labor. I think abstinence from sexual indulgence would lessen the frequency of painful labor.

DR. BURGHER.—The homœopathic remedy is efficient in most cases, and the condition is prevented before labor. The facts bear us out in this conclusion. When I am engaged some time ahead, I give some remedy; usually, in rheumatic subjects, Cimicifuga two or three doses a day for two or three weeks preceding labor. I attended a woman a few days since in her fortieth year and her first labor. She was only one hour and a half in labor. This woman had taken Cimicifuga three weeks. Whether this had any effect or not I do not know.

DR. KORNDŒRFER.—As regards diet, the partaking of fruit diet during pregnancy has been found to be advantageous. A case that had been extremely troublesome for several pregnancies, moved to the country upon a fruit farm. The patient indulged freely and the baby was born before the Doctor could reach the patient. I believe that the persistent use of fruit diet has a marked influence over such cases. I also believe that Puls. does correct the irregular muscular contractions of the uterus in labor. As regards rigid os, Bell. is indicated in the greatest number of cases. The indications are extreme rigidity of the os uteri with dryness and heat of the vagina. The subject is still in doubt. We have no clearly defined notion of what is and what is not a rigid os. Some physicians find it very frequently, others not at all.

DR. J. K. LEE.—There should be a clearer definition of what the condition is. We should address ourselves to the treatment of the whole case. In regard to Puls., the literature upon the subject has brought us into ridicule. I once read that Dr. Mercy B. Jackson, of Boston, claimed that Pulsatilla would produce complete version. I have my doubts about that.

DR. WALKER.—The Esquimau women when confined, are shut up in an ice house by themselves for two days, with no one to assist; at the end of which time they crawl out and call some one to help them. This does not look like a very easy time, and their diet is nothing but blubber. The Indian woman, when confined, drives four stakes into the ground, arranged so that she can place her feet against two and catch hold of the other two. No white man is allowed to go near the place, and we really don't know what kind of labors they have. A minister thought he had the fruit diet down fine; he kept his wife upon fruit during her pregnancies. One labor was quite easy; in the next the wife was sick for ten or twelve hours.

DR. KORNDŒRFER.—Articles containing the Phosphates in large proportion must be avoided.

DR. WALKER.—Has anyone tried the incising of the vulva, to prevent rupture of the perineum?

DR. BUCK.—In the Vienna Hospital, they incise one-half of all their cases. I have seen complete rupture follow the incision in more than half the cases.

DR. SEIP.—I was called to see a case supposed to be in labor for twenty-four hours; an attempt had been made to dilate the os. There were paroxysmal pains, which a warm bath and Bryonia relieved immediately. In six weeks after, I delivered the woman. I want to know how long a woman must suffer before relieving her with something that is absolutely safe.

DR. J. K. LEE.—That depends upon the practitioner.

DR. KORNDŒRFER.—That is according to a man's knowledge of *Materia Medica.* I use the short forceps after six hours' labor. The woman's strength must be supported.

On motion, the discussion closed.

EVENING SESSION.

The Secretary read a message of "Greeting" from the New Jersey Homœopathic Medical Society, in session at Long Branch, N. J.

LONG BRANCH, N. J., September 2d, 1879.

TO THE HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA:

The Homœopathic Medical Society of New Jersey in session here, sends GREETING to their Pennsylvania brethren at Cresson.

W. S. KIMBALL,
President.

WALLACE MCGEORGE,
Secretary.

The message was received with applause, and the Society sent fraternal greetings to our New Jersey brethren.

REPORT OF THE BUREAU OF CLINICAL MEDICINE.

DR. J. S. RANKIN, Chairman, presented a paper by Dr. Charles Mohr, entitled "*Fragaria Vesca in Agalaxia*," which he proceeded to read.

FRAGARIA VESCA IN AGALAXIA.

BY CHARLES MOHR, M. D.,
PHILADELPHIA PA.

About two years ago, I read in some medical journal a short extract from a paper, calling attention to the fact, that the Strawberry plant had been found, accidentally at first, experimentally afterwards, to lessen materially the secretion of milk in cows. Otherwise the health was not affected.

May 12th, 1878, I delivered Mrs. N. of a healthy female child. In due time the breasts filled with milk, of which there was a plentiful supply until the sixth day, when the secretion was so much diminished, that the child did not get enough nourishment. I ordered a more nutritious diet for the mother, but without effect. Silicea did no good. On May 20th I visited her, fortunately just as she was about to eat a large dish of strawberries. I then learned that the nurse had commenced to give her the fruit on the fifth day; being fond of it, she ate very plentifully daily. Remembering the article I had read some months before, and ascribing the loss of milk to the berries, I ordered their discontinuance, and prescribed Bryonia, the antidote to bad effects of strawberries. In a few days the milk was again plenty, and lactation continued to the weaning period.

On Aug. 8th, 1878, Mrs. B. consulted me for loss of milk. She was nursing a seven months old child. The milk had quite suddenly diminished eight days before, and, at date of

consultation, the mammæ looked shrunken. She was not pregnant, and general health was good. As an experiment, I ordered her to eat after each meal, for one week, a little strawberry preserves. The milk was re-established, and she continued to nurse her child until it was a year old.

In the fall of 1878 I met with a similar case; the babe, though, was only two months old. I likewise ordered this patient to eat of the preserved berries, and for several months, until another pregnancy occurred; the supply of milk was fairly good.

I mentioned my experience thus far to Drs. C. Hering and C. B. Knerr, the latter of whom found an opportunity last spring (1879,) to make a test with the ripe, fresh berries, prescribing them to two cases of Agalaxia, with excellent success. Since then vol. X, of Allen's *Encyclopedia of Materia Medica* has appeared, and in it I find it stated, that a Dr. Cutsem gave an infusion of the root for a few days to two women who were nursing children fourteen months old, and had milk in large quantity, with the following effects: "The breasts diminished in size, and the secretion of milk ceased." My next step was to try the Fragaria *potentized.* Last week an opportunity presented itself. Mrs. L. gave birth to a boy on August 1st. Had plenty of milk until about the 12th or 14th day, when it began to decrease. Excepting that she complained of a slight fullness in the head and giddiness occasionally, the health was very good. Various dietary measures were recommended, and, on August 23d, I prescribed Urtica Urens, but all to no purpose. On August 27th, I succeeded in obtaining from Dr. E. A. Farrington some of the 3d centesimal dilution of Fragaria, prepared from the ripe fruit, prescribed it on that day to my patient, and at this writing, (September 1st) the lady has a good supply of healthy milk.

My experience, therefore, warrants me in recommending to the profession the use of the Fragaria Vesca in cases of

Agalaxia, when there has been a sudden arrest of the normal secretion, without other symptoms of ill health.

DISCUSSION.

DR. J. K. LEE.—This is another of the unreliable remedies only partially proved or based upon clinical experience. I do not like to see our journals filled with such fragmentary provings. I feel sorry that Dr. Mohr has sent such a paper.

DR. KORNDŒRFER.—I feel glad the paper has been sent, nor is it entirely based upon clinical experience. It has been proved. I hold all the provings of Dr. Jeanes' Ipomea, Pix Liq., &c. Ipomea had no symptoms except a pain in the back, and where no other symptom existed, I have used the remedy and relieved cases. This backache is a characteristic symptom, the only symptom, just as many other drugs have but few symptoms.

DR. SEIP.—The paper is a good one; we can get nothing better than clinical experience.

The second paper of the Bureau was by Dr. M. Friese, on "*A Case of Hepatic Abscess with Operation.*" It was read by the Chairman and referred.

A CASE OF HEPATIC ABSCESS WITH OPERATION.

BY M. FRIESE, M. D.,

HARRISBURG, PA.

On the 16th of March, 1878, I was called in counsel with Dr. Charles B. Fager, of this city, in a case of threatened hepatic abscess. The patient, a man aged 50 years, had been in bad health for the space of two years; he had had frequent "bilious attacks," with pain in the right hypo-

chondriac region. At the date of my first visit, he had been ill for several weeks—confined to his bed. Upon examination I found great tenderness over the right lobe of the liver, with considerable swelling; I could not detect any fluctuation. He had some symptoms of suppurative fever, and, as we concluded that abscess was inevitable, we gave him Hepar. sulph. calc. 3x trituration, a powder every two hours, and ordered a flaxseed poultice over the part. We continued this treatment until the evening of the 22d, at which time the patient was suffering extremely, and seemed to be losing his strength very fast. I now explored the region affected with a hypodermic syringe, and drew out some pus.

The abscess was situated quite deep under the integument and muscles, with no hope of opening spontaneously on the outside, but with strong probability of discharging internally. On the morning of the 23d, we determined to open the abscess, and after using a rather large quantity of Ether and Chloroform, we produced full anæsthesia. Having placed the patient with his right side close to the edge of the bed, I made an incision through the integument with a bistoury, and then plunged a large sized curved trocar into the abscess. A large quantity of very offensive pus was drained off through the canula, which was retained in position for three days; there being constantly more or less discharge. At the end of this time, I removed the canula and inserted a silk tent, which was retained, and re-applied from time to time, to prevent closing of the opening. The patient reacted well from the operation, and was given China for a day, after which he had nothing but Hepar sulph. calc. 3x trituration, which was continued, at intervals, for several months.

The patient made a good recovery, and is quite well at this time, August, 1879. We attribute his restoration, in a great measure, to the persevering use of Hepar Sulphur.

DR. KORNDŒRFER presented an unfinished paper upon "*Tuberculous Disease of the Mesentery*," which he read and promised to finish and return to the Committee of Publication.*

DISCUSSION.

DR. WINSLOW.—Were the tubercles arranged with any reference to the longitudinal or transverse directions of the intestine?

DR. KORNDŒRFER.—The hardened tubercular masses were an inch to an inch and a half long, and mostly found in the peritoneal lining and mesentery.

DR. WINSLOW.—The symptoms border upon those of Typhoid Fever. The deposits in Typhoid Fever take a longitudinal direction; when from tuberculous causes, they have a concentric arrangement. These directions should be borne in mind in order to give a correct opinion, if the patient dies.

DR. SEIP reported a case similar in character. A girl died of intestinal tuberculosis. I was in doubt as to whether it was intestinal or peritoneal. It was treated as a slow case of Typhoid Fever. A post mortem was held; after considerable trouble, about six inches of intestine was removed. It was thick with spots, indicating deposition of tubercle, with large cicatrices and strictures in the intestine. The ulcers were upon the mucous surface. One of the family had died of tuberculosis.

DR. WINSLOW read a paper from the Homœopathic Medical Society of Allegheny County, entitled "*Chronic Nasal Catarrh.*" It was accepted and referred.

* Application for the return of this paper to the Committee of Publication met with a refusal.

CHRONIC NASAL CATARRH.

BY THE HOMŒOPATHIC MEDICAL SOCIETY OF ALLEGHENY COUNTY.

DEFINITION.—This is an inflammatory affection of the mucous membrane of the nose, of a chronic character; any part of the mucous membrane known as the Schneiderian membrane, may be involved.

SYMPTOMS AND PATHOLOGY.—Much of the history of acute or sub-acute catarrh, is applicable to the chronic form. Acute or sub-acute attacks do not usually terminate in the chronic variety, unless the persons are affected by some dyscrasia. Subjects of Syphilis or Scrofula are predisposed to Chronic Catarrh; but when persons have frequent attacks of acute catarrh, or when the irritant which primarily produced an attack is long continued, or when cases are neglected, or treated by irritating injections, the disease becomes chronic. A disposition to catarrhal affections is found in persons of sensitive skin, in whom the Schneiderian membrane is very delicate and tender; such persons suffer the greater portion of the winter season, and during inclement weather in the summer. The disease is found in all ages. We should be careful not to confound it with the purulent nasal catarrh which is found occasionally in newborn children, and which is probably due to the same cause that produces purulent conjunctivitis. We cannot endorse the assertion of Trousseau and Lesegue, that the tendency of acute catarrh in children, after many relapses, to pass over into chronic inflammation, may be regarded, even in the absence of other symptoms, as indicating the presence of Syphilis. There is no doubt that many persons have Chronic Catarrh that present not the least evidence of Syphilis; and while many may have some dyscrasia, we are not warranted in saying that Chronic Nasal Catarrh cannot exist in persons without any.

Among the first, and frequently most persistent symptoms, is a peculiar, dull, heavy frontal headache, mostly confined to the frontal sinus, and extending over the eyes and nose. This pain is often the first symptom indicating an acute exacerbation. Febrile disturbance is rarely found, and then only for a short time preceding or during an acute aggravation. The discharge varies in each individual case as to quantity and character; sometimes it is abundant and watery, purulent, or muco-purulent. Frequently there is no discharge from the nostrils, but a more or less constant dropping of mucus from the posterior nares into the throat. This is especially the case when the patient throws the head back, or lies down, and is one of the most annoying symptoms. During the day it causes more or less hawking to clear the throat.

Unfavorable weather is apt to increase the discharge temporarily, by increasing the hyperæmic condition of the Schneiderian membrane; this gradually subsides, leaving the parts in the same condition as before the exacerbation. Sometimes the discharge almost ceases, but breathing through the nostrils becomes difficult, and is not relieved until the nostrils are again free; this is preceded usually by the expulsion of plugs of mucus and pus, variable in size, and frequently very fetid.

Crusts expelled from the nose are quite characteristic of Chronic Catarrh, but are generally not formed unless the case is pretty well advanced, and in cases having an atrophic tendency; they are greenish or brownish, often colored by matter inhaled, such as coal-dust, soot, brick-dust, etc. The discharge of these occurs every three, four or five days, is followed by a slight flow of blood, or bloody pus.

We must not fail to notice the peculiar and characteristic odor that accompanies or follows their discharge.

This may vary in intensity, but generally it is so penetrating that it may be perceived quite a distance from the

patient. The fetor is due to a decomposed condition of the secretions, and is not as has heretofore been taught, exclusively characteristic of ulceration and caries of the nasal structures. Very fetid discharges and crusts from the nose can be present without the existence of ulceration, known under the term of Ozœna, which simply signifies *to stink.*

Two pathological conditions are well established: the hypertrophic and atrophic. In the former the secretions are mostly sufficiently fluid to be easily removed, but later, when the atrophic condition is developed, the secretions, owing to stenosis of the nasal passages, become putrid, or else the secretions which are glutinous and very sticky adhere to the membrane and become decomposed.

The stenosis may be due to the remains of hyperplasia or swelling of the membrane, which is found during acute exacerbations. It is during the exacerbations that the sense of smell is greatly impaired, if not altogether lost. The impairment of the olfactory function may be permanent, and the sense of taste modified or perverted.

The stench of this affection is very annoying to persons coming in contact with the patients, which the patients themselves observe. A knowledge of this fact embarrasses them, and they avoid the society of others as much as possible. Patients rarely smell the stench themselves, but when they do, it seriously interferes with their general health, by diminishing appetite, causing nausea or vomiting and disturbed sleep.

We have already stated that two distinct pathological conditions have been established—the hypertrophic and the atrophic. The latter is generally the result of the former; both conditions, however, may exist at the same time. Thus while one part of the nasal cavity shows the hypertrophic variety, another part may be atrophic, the former being an earlier seat of the disease. In the hyperplastic form the mucous membrane seems thickened, of a dark red color, and occasionally small polypoid growths are de-

veloped, which may render diagnosis difficult. Should the disease extend toward the pharynx, the dropping of the secretion into the throat will indicate it, and the pharynx will show the same pathological changes as the Schneiderian membrane.

In the atrophic variety the membrane has undergone such a change in its structure as hardly to merit the name of mucous. It is pale, thin, and has lost its soft healthy appearance. It seems to adhere more firmly to the structures beneath, which condition displays more fully the many blood-vessels that ramify through it.

The epithelium covering undergoes great changes. The cells seem to be separated, which permits pus cells to pass to the surface. This destruction of the membrane may extend to the Eustachian tubes, where it is difficult to remove, even after a subsidence of the inflammation of the pharynx and nose. If the affection should extend to the Highmorian antrum, a deep-seated, sharp pain will manifest itself between the eyes and upper teeth. In such cases the secretion may accumulate for some time, the pain correspondingly increasing, when suddenly the secretion is discharged through the nose. The inflammatory process may extend to the pharynx, or sometimes from the pharynx into the posterior nares, when we will have Naso-pharyngeal Catarrh, which is a frequent complication.

In severe cases, the destruction of tissue may go on, ulceration of the membrane take place, not unfrequently necrosis of the nasal bones occur, and then it comes under the denomination of Ozœna.

CAUSES OF NASAL CATARRH.—The division of Acute and Chronic Catarrh being a purely artificial one, dependent more upon duration than difference in symptoms, and the chronic in most cases being a sequel of the acute, it is necessary in an enumeration of causes, to include those which produce both.

The causes of Nasal Catarrh should be divided into predisposing and exciting, and, following a natural order, we invite attention to the latter first.

The exciting causes of Nasal Catarrh are multiple: the most frequent is partial suppression of action of the skin from imprudent exposure to a low temperature and to drafts of air, whether or not the body is perspiring; from bathing in water so cold that the surface capillaries become paralyzed, and shock to the nervous centers prevents the necessary reaction; from neglect to cleanse the skin, by which over-action is necessitated in the mucous membranes, acting vicariously with the dermic covering. There are persons so sensitive to these causes that a whiff of air through a key-hole, bathing the wrists when perspiring, or the removal of a cuff or collar, will excite profuse catarrh of the nasal membrane.

Atmospheric conditions exercise much influence over the respiratory tract. An atmosphere heavily charged with watery vapor, unstirred by winds, and shut in by high mountains, or shut out from sun-light by heavy fog or smoke, must exercise a deleterious influence upon the individual. Various aerial particles, spores, odors and gases produce irritation of the nasal lining and an extra flow of mucus. Though we inhale, daily, quantities of inorganic and organic débris, minute spores and organisms, various single and combined gases, positive evidence is wanting to connect them as causes of specific effects. Microscopists have endeavored to show cause for the epidemic catarrhs of mankind and horses in the spores and seeds of certain fungi and grasses.

It has been established that the atmosphere at certain seasons of the year contains an excess of peculiar elements, and these naturally enough have been found rather abundant in discharges from the nares during endemics and epidemics of catarrh, as well as in individual attacks; so that cause and effect seem here related.

There are many facts that militate against this association. Many persons are afflicted with Nasal Catarrh every month of the year; endemics and epidemics of the disease rage in the four seasons of our temperate zone; the Rose cold of June, the Hay fever of July and August, the Autumnal catarrhs of November, and the March colds, all oppose a special germ cause; those spores found in excess at different times are not of the same genus, and are frequently absent when catarrhs are very prevalent, as in the winter season.

During two seasons we have examined the nasal secretion industriously in hay fever patients, with the result of detecting quantities of a minute, crimson, triangular spore, which was also found upon slides exposed to draughts of air at an open window.

It would not be wise to conclude that these spores were the cause of the pyrexiæ, for spores have as much right to ripen in August as dyscrasiæ have; but, if these bodies should be found present with June and November catarrhs, we might conclude logically, that one was dependent upon the other.

This has never been done by any observer, so that the connection between aerial bodies and Nasal Catarrh must still be considered one of coincidence, and not one of consequence.

Some persons are subject to idiosyncrasies, by which the dust or odor of certain substances excites reaction of temporary duration in the respiratory mucous membrane, but these can not be considered causes of true Nasal Catarrh.

Persons endure the presence of many kinds of dust, smoke and smells with impunity, and no evidence exists to prove them causes of the disease we are considering. Smoking through the nose, so much done with cigarettes, has been found a habit with some patients with Nasal Catarrh, but this may have been coincidence merely, as thousands make a chimney and a snuff-box of the nose without any deleterious consequences.

Irritating gases, if strong, will excite Catarrh, but are more likely to produce Bronchitis.

In two terrible attacks from inhaling muriatic acid gas, during its manufacture on a large scale, the larynx and trachea were severely affected, but the nose only irritated, which proves that the latter becomes less sensitive to irritants from constant exposure.

There is one gas, however, which does decidedly affect the nose and produce epidemic Nasal Catarrh. We allude to ozone, a molecular condition of oxygen.

During some months of the year, great alterations of the atmosphere occur, due to unequal temperature of localities, and to peculiar electrical conditions, about which we know little. Cold, sharp, dry winds rush in from the north and west, the temperature falls, the air is pure and pungent, and half the population have a cold in the head, a fluent catarrh, a coryza.

Those inclined to the affection can smell the enemy afar, and, with the first arrival of the breeze, there is a peculiar tingling of the nasal mucous membrane, affecting the olfactory nerves as if Chlorine was in the air; the membrane feels as if it had been bathed in weak Aqua ammonia, the patient sneezes frequently, clear watery serum begins to flow from the nose, and handkerchiefs are saturated rapidly.

The generation of ozone is thus explained: every molecular change develops electricity; the friction of winds over the earth's surface supplies it to the atmosphere, just as rubbing the glass plate yields it to the grand conductor of a static electric machine; the electricity acts upon the oxygen of the air and arranges a portion of it into ozone.

Artificially produced ozone, and that from Nature's laboratory, produce like sensations and identical effects upon the respiratory mucous membrane, and the ozone, found in excess in the winds of north-west storms, must, therefore, be the cause of certain epidemic catarrhs that commence with their advent.

Any one of the causes I have enumerated will, under favorable circumstances and in certain constitutions, excite acute catarrh of the Schneiderian mucous membrane, and a single attack, or repeated attacks may cause such alteration in the membrane as to continue, after all constitutional symptoms cease, the hypersecretion of the part, and originate Chronic Catarrh.

The predisposing causes are found in impaired health and in constitutional states denominated cachexiæ. Of these, the two most likely to favor chronic rhinitis are the strumous and syphilitic.

Syphilis may originate Nasal Catarrh, as we see in the sniffles of infants, and in those frightful ulcerations and destructions of the bones of the nasal fossæ; and it does certainly influence an acute attack, from some of the causes mentioned, to become a permanent, advancing disease.

In Scrofula the mucous membranes are exceedingly thin, succulent and active; slight irritation induces hyperæmia and hypersecretion, and these do not subside soon or easily. Persons inheriting or acquiring this dyscrasia are very subject to acute catarrh, which, occurring frequently, sets up organic changes in the Schneiderian membrane, and carries the disorder into the chronic stage.

After Chronic Nasal Catarrh has existed some time, the membrane becomes atrophied, hypertrophied, or ulcerated.

In the strumous or syphilitic, ulceration is very likely to supervene, the cartilages and bones become eroded and carious, the discharge green, bloody, foul and copious, and we have strumous or syphilitic Ozœna.

Look well to your constitution, and do not perpetuate the error of old pathologists, by considering Scrofula and Syphilis identical, and Ozœna always due to constitutional Syphilis; for the majority are simple complications of Nasal Catarrh from Scrofula.

DIAGNOSIS.—From the description given in the preceding portions of this paper, we will have little trouble in re-

cognizing the disease. A careful study of the history of each case will greatly aid us in making a diagnosis; most cases can be traced to numerous attacks of acute Catarrh. Rhinoscopic and anterior nasal examinations show many of the pathological changes and conditions—such as atrophy, swelling and ulceration. There is little disturbance of the general health in cases of Chronic Nasal Catarrh, most of the symptoms being local. There is frequently frontal headache and tension at the root of the nose; sensitiveness of the eyes; loss of smell and taste; a swollen condition of a part or the entire lining of the nose, causing difficulty of breathing; sensitiveness to air inhaled, and a dropping of mucus, pus and crusts into the throat, especially when lying on the back, by which the pharynx is irritated and often diseased. There is a disposition to clear the nose by forced inhalations, and a sensation of something in the pharynx, which can not easily be dislodged by hawking; when crusts pass down, the patient sometimes has choking sensations. Some patients, in whom the sense of smell is not lost, complain of the persistence of bad odors; *i. e.*, they perceive an odor offensive to every one present, and continue to smell it long after it has ceased to affect the olfactory organs of others. The parts affected are usually eroded in patches, and covered with viscid muco-purulent matter. At times, however, this discharge becomes dry, and hard crusts form, which decompose and give an offensive odor to the air exhaled, resembling bad cheese or decaying animal matter. This odor is not necessarily associated with caries or ulceration. Care must be taken that a carious tooth, or collections within the crypts of the tonsils, do not cause the stench, and thus mislead the physician. The cavities adjacent to the nose may also become attacked, which is a complication generally hard to diagnose, as well as difficult to cure.

Those cases which depend upon a dyscrasia are not to be distinguished from simple ones by anything in themselves, except that they seem more obstinate to treatment.

PROGNOSIS.—Life is seldom endangered by Chronic Nasal Catarrh. It does not, however, tend to recovery, but rather continues on year after year, ameliorating at times and then relapsing at every fresh exposure to exciting causes. The prognosis becomes more unfavorable in proportion to the chronicity of the case, and the degree to which it has assumed the atrophic stage. A catarrh in a strumous or syphilitic subject is usually severe, prone to extend, and more unfavorable than those grafted upon good constitutions.

There is always a strong tendency in the disease to extend into the pharynx, larynx and trachea, and to produce complications which are dangerous to life.

TREATMENT.—In the treatment of Chronic Nasal Catarrh, as in every other disease, whether acute or chronic, we cannot depend on a specific remedy, but must individualize each and every case, and find the medicine most thoroughly indicated by the symptoms. Every year the curative scope of our medicines is widened, and their clinical range more accurately defined; but the therapeutics for this morbid condition, so frequent in every physician's practice, are by no means perfect and infallible; and we might add, from the number of failures and discouragements that are common to the most careful treatment, that the cures are the exception, and not the rule. These failures cannot certainly be so much the result of an inertness of our medicines, or of errors in the prescription, as of the habits of the patient, violating the rules of hygiene, which should go hand in hand with therapeutics. Medical treatment cannot compensate for a failure in the strictest observance of hygiene, and change of climate often renders great relief, and sometimes effects a radical cure. We could cite many instances in proof of this point were it necessary.

As to external or local applications for the cure of Nasal Catarrh, where discharges are offensive and copious, the local application of Carbolic acid diluted in warm water

removes the odor and gives comfort to the patient. Hydrastis is highly recommended as an external application for an aphthous or ulcerated condition of the nostrils; and its topical application may prove of benefit in nasal polypi. A weak solution of Borax, or Bicarbonate of Soda is sometimes very necessary to cleanse the fossæ of mucus, pus and crusts. Our experience teaches that nasal douches, or medicated lotions, with the exception of the above, and simple water at from 90° to 100° F. temperature, are injurious, and tend to increase the irritation and ulceration, rather than to alleviate and cure. The physician may gain an advantage by using external applications, if they are not injurious, thus giving the patient something to do, engaging his time, and securing his continued co-operation, whilst he is applying the indicated remedies. We present the following medicines as the most approved for internal medication:

Alumina.—This remedy is suggested by a scrofulous taint; sensations of constrictions in several organs as a general symptom; miliary eruptions, scurfs, or running sores; pressure on the eyes; shooting pains in the ears; accumulation and flow, of a thick, yellowish matter from the nose; nostrils ulcerated; sour smell from the nose; pain in the root of the nose and in the forehead; paleness of countenance. The pains are burning, stinging and biting, occurring mostly in the evening and on one side. There is difficulty of stool from inactivity of intestines; patient is better in the open air, but takes cold from the slightest exposure; the septum of the nostril is red, swollen and painful to the touch; a scabby, crusty, sore, bleeding nose undoubtedly demands Alumina.

Argentum Nitricum.—Epistaxis after blowing the nose, preceded by itching and tickling in the nose; flow of purulent matter mixed with clots of blood; ulcers in nose, accompanied by swelling of the edge of the eyelid; scurfs in the nose, becoming exceedingly painful; if detached they

bleed; catarrh with constant chilliness; sickly look; lachrymation, sneezing and violent stupefying headache; must lie down; ulcers of the septum and other parts.

Arsenicum Iodatum.—This remedy is applicable to persons with a pale, delicate skin, enlarged tonsils, defective nutrition, tendency to passive œdema, shown by puffiness of the eyelids; in tuberculous diathesis, with discharges copious and thin, sometimes scanty and thick, or tenacious and frothy. The discharge is very irritating, corrosive, watery mucus, attended with alternate chills and heat; with fetid and corrosive otorrhœa.

Asafœtida.—Has claims to attention in caries of the nasal bones, with very offensive smell; therein resembling Mercur., Aurum, Phosphorus and Silicea. This drug has proved useful in offensive nasal discharges, in nervous, hysterical females with globus hystericus.

Aurum.—This is useful in caries of the bones, with fetid discharge of greenish or yellow pus; salty, wasting, watery discharge through the posterior nares; nostrils closed with ulcers; loss of smell, and frequent discharge from the nose; nasal bone painful to the touch; fetid otorrhœa; nasal voice; drinks return through the nose; worse in winter; great mental depression; patient constantly bemoans his condition, and thinks everybody knows his complaint. He shuns society on account of the disagreeable odor from the nose. The remedy is especially useful when the disease is due to Syphilis. When the scrofulous diathesis is marked, the Aurum muriaticum is preferable to the Aurum metallicum.

Aurum Muriaticum.—For Ozœna, left nostril; there are sensitive, painful sores inside, and a discharge of blood; much headache; constipation; mucus passes from posterior nares to throat in the morning; nasal cavity deeply ulcerated, with dry, yellowish scurf, and a sense of obstruction; this offensive discharge from the nose excoriates the lip. The Muriate of Gold, 3d., is preferable to the metal.

The compound salt, the Muriate of Gold and Soda, 3d., is sometimes still better.

Calcarea Carbonica.—This is among the most prominent of the remedies which are useful in combating profoundly seated constitutional taints. It should always be carefully considered as a remedy for children of scrofulous diathesis and phlegmatic temperaments, with affection of the glands, and having a chronic discharge, either from the ears or nose. Its symptoms are dampness, coldness of the feet, and a feeling as though the stockings were always wet. The nasal discharge is thick and purulent, but sometimes thin and watery; the nose is dry at night, moist during the day. There is a peculiar raw feeling of the vocal organs, with chronic hoarseness; ulcerated nostrils, with bad smell from the nose; eruption on the nose; itching of the eyes with lachrymation, and a sensation of pressure at the root of the nose. Calcarea is exceedingly useful in females of leuco-phlegmatic temperament, where catarrh exists in connection with leucorrhœa, or menstrual irregularities. The constitutional symptoms and characteristic temperament are most reliable indications for the employment of this remedy.

Corallium Rubrum.—There is a dropping of mucus through the posterior nares, causing constant hawking; the inspired air feels cold; there is a painful ulcer in the right nostril, and in the inner side of the wing of the nose, affecting the nasal bones with a sensation as if they were pressed asunder, and great dryness of the mucous membrane of the nose and throat.

Graphites.—Useful in Catarrh with inflammation of the fauces, and stoppage of the Eustachian tubes, producing constant desire to clear the nose and throat; roaring in the ears and crackling when swallowing. Bloody mucus flows from the nose, alternating with the expulsion of dry scurfs; the discharge is of thick, fetid mucus, and there is tetter-like, humid eruptions on some parts of the body; sometimes

obesity. This remedy has not proved as useful in our hands as the recorded symptoms would lead one to expect.

Hepar Sulfuris Calc.—There is a swelling of the nose, which is painful as a boil, accompanied by catarrh and smarting, with roughness in the fauces. The bones of the nose are painful to the touch. The nasal discharge is thick and purulent, sometimes tinged with blood; there is headache, worse from motion, and the catarrh is confined to one nostril. Every exposure to cold causes an aggravation. There are swollen indurated tonsils and hard glandular swellings about the neck; scurfy formation in the right half of the nose, extending down upon the lip, with a deep fissure, very sore and sensitive to touch.

Hydrastis Canadensis.—There is dropping of mucus into posterior nares and into the throat; a raw, excoriated feeling in the nares; the fauces feel raw and inflamed; patient hawks up tough, yellow or whitish mucus; the discharge is tenacious and stringy; there is ulceration of the membrane of the nose. Especially useful in scrofulous Ozœna, and aphthous sore mouth. There is excessive secretion of tenacious mucus from the mouth, profuse lachrymation, frontal pain, worse from cold air, with morning aggravation. If constipation and general atony of the system accompany the above symptoms, it will seldom fail to effect a cure.

Kali Bichromicum.—This is one of the most frequently indicated remedies in Nasal Catarrh. It exercises a marked influence upon the nose, pharynx and larynx. It is one of the few remedies beneficial in caries of the bones of the nose, and useful in combating the constitutional effects of Syphilis, when complicated with catarrhal affections of the nose and throat. There is a yellow discharge from the nose; external ulceration; severe pain across the bridge of the nose; periodical discharge of tough plugs from the nose, tinged sometimes with blood; tough stringy mucus; destruction of nasal septum; fetid smell from the nose, worse in warm weather. For catarrhal

inflammation of the fauces, chronic hoarseness, loss of smell, with mucous membrane of the stomach involved; loss of appetite, with nausea in morning, but relieved by lying down. The eyes are watery and worse in the wind, with soreness in the morning; there is a sensation of dryness in nostrils; patient is always troubled with cold, damp feet, and takes cold easily. The ulcers look as if excavated by a punch, and discharge plug-like scabs. The septum appears to be a particular point of attack, as well as the pharynx.

Kali Sulfuricum.—This remedy is closely allied to Kali bi. The mucus is not so thick as in that remedy. The constitution is more strumous, nose much obstructed, and a thick, yellow or greenish discharge from posterior nares.

Kali Iodatum.—There is an accumulation of very tenacious mucus in the nostrils; a discharge of greenish black or yellow matter, of a foul or sickening smell, and a decomposed, greenish red blood, with a sensation of fullness of nose, beating pains in the nasal bones, gnawing sensation in the nasal bones, and lancinating and boring pains extending to the forehead; there are throbbing and burning pains in the nasal and frontal bones, with swelling; copious and watery discharge from the nose, and scalding. There is frontal pressure and headache; lachrymation and irritation of the throat.

Lachesis.—Is of use when the nose is very sore and greatly inflamed. There is an extremely copious discharge of watery mucus, pus and blood from nose, with violent headache; the mind is confused, and there is inability to think continuously.

Lycopodium.—There is persistent dryness of the nose, high up, with periodical expulsion of elastic plugs, excessive flatulency, and the patient feels hungry, but a little fills him up. There is stoppage of the nose at night, with burning and dull feeling of the head; a thick, yellow, copious discharge; constipation; prostration; impotency; palpitation of the heart; and general psoric diathesis.

Mercurius Vivus.—For chronic inflammation of the nose, throat and tonsils; trickling of mucus back into the pharynx; swelling and excoriation, itching and bleeding of the nose; unpleasant odor, not fetid; catarrh of the Eustachian tubes; hardness of hearing; swelling and induration of the liver; heavy, sluggish feeling of the entire body, worse at night and in warm room; no relief from perspiration. This is generally indicated when the disease under consideration is complicated by Syphilis. Mercurius iod. and Mercurius cor. are also valuable remedies.

Mezereum.—The discharge is yellow and thin, and at times bloody water flows from the nose, which causes a soreness and a burning pain; there is constant dryness of nose with diminished smell.

Natrum Sulfuricum.—Is indicated when the watery discharge becomes yellow and copious; when symptoms occur that are common to Natrum carb. and Sulfur. Nostrils are sore; discharge is thicker than in Nat. mur., yellow, and mostly from the anterior nares.

Nitric Acid.—There is redness of the tip of the nose and scabby vesicles upon it; soreness and scabbiness within the nose; discharge is yellow and fetid. In syphilitic and mercurial Ozœna, with emaciation of entire body and dyspeptic symptoms. It is also suitable in cases subject to aphthous ulcers in the mouth.

Nux Vomica.—Is indicated by a discharge of bloody mucus from the nose; nose is obstructed; frontal sinuses are painful; there is alternating dry and moist state of the mucous membrane.

Phosphorus.—There is swelling of the nose and frequent discharge of blood; green yellow discharge, with great dullness of the head; weakness of respiratory organs; frequent hoarseness; neuralgia of head and face, aggravated by windy weather, and in the morning; a red, shining state of the mucous membrane, with scanty fetid discharge.

Pulsatilla.—The discharge is of thick, greenish, bland, fetid muco-pus; there is pressure at the root of the nose; mental symptoms peculiar to this remedy, and gastric disturbances with menstrual difficulties.

Sepia.—Has a discharge of greenish, bloody mucus, accompanied by external inflammation; ulceration high up in nasal fossæ with loss of smell. Is suitable for dark-haired, sallow women, with uterine weakness and menstrual troubles.

Silicea.—This remedy is often indicated where there is painful dryness of the nose, or inveterate ulceration of the Schneiderian membrane, producing an acrid, corroding discharge; there is an herpetic eruption about the nostrils, or on the lips; gnawing pain high up in the nose, and a predisposition to acute catarrh.

Sulfur.—Especially useful in obstinate cases with a psoric taint; chronic obstruction of the nose from hard, dry scabs; excoriation and ulceration of the nostrils, with profuse secretion of thick, yellowish and puriform mucus; boils and eruptions in the nose; great susceptibility to take cold; great heat of the feet at night. In refractory or relapsing cases, with the cachexia so well known as indicating this drug, marked by its historic constitutional key-notes, it is valuable.

Mercurius, Aurum and Kali bi. overshadow all other remedies for Ozœna, especially when caused by, or associated with, Syphilis. Mercurius iod. rub., and flav., and Cinnabaris appear to be the best forms of the Mercurials. The dose should, in most cases be appreciable, ranging from the $\frac{1}{100}$ to the $\frac{1}{1000}$ of a grain.

We find special pathological conditions of smell under the following remedies, as given by T. F. Allen, M. D., in *Transactions of the New York State Hom. Med. Society for 1865.*

Aurum.—Everything smells too strong (also Sulf.).

Drosera.—Great sensitiveness to sour smells.

Graphites.—Intolerance of flowers.

Phosphorus.—Exceedingly sensitive to bad smells, with headache.

Tabacum.—Smell is very acute in the morning.

Sabadilla.—Sensitive to the smell of mice.

Sanguinaria.—Great dislike to the smell of syrup.

Belladonna.—The smell of tobacco is unendurable.

Lycopodium.—The smell of hyacinth produces nausea.

Sulf. Acid.—The smell of coffee is intolerable.

Sense of smell is diminished under Bell., Calc. carb., Sep., Sil., Sulf., Tab. and others.

Sense of smell is lost under Aurum, Causticum, Hyos., Kali bichrom., Lycopod., Natr. mur., Plumb., Sanguin., and Sulf.

Aurum should be used for extensive organic destruction, so also, Kali bi.

Causticum has a loss of smell with impaired vision; Hyos. a loss of taste; Natr. mur. has a loss of all smell and taste, with severe fluent coryza.

Teucrium is reported by the late Dr. Thermb to have cured loss of smell.

Under perversions of smell he includes those bad smells, resulting not only from change of function of the special sense, but from offensive discharges.

In general, perversions of smell belong to Bell., Calc. carb., Paris quod., Anac., Aur., Kali bi., Kreos., Graph., Menyanthes, Nit. acid., Puls., Sanguin. and Sulfur.

These indications should be considered in connection with the other symptoms of the case, and not be used as key-notes. The totality of decided, essential symptoms must be the guide for internal medication, and such local hygiene adopted as necessity demands.

Committee: C. P. SEIP, M. D.,
STEPHEN WOODS, M. D.,
C. F. BINGAMAN, M. D.,
H. W. FULTON, M. D.,
W. H. WINSLOW, M. D.,
Chairman.

DISCUSSION.

DR. RANKIN.—I think it doubtful whether ozone would cause Nasal Catarrh. North-west winds producing ozone, do not produce Catarrh. It is the changeable climate or temperature that causes it. They do not suffer in warm climates as we do. It may be cold wind setting in after extreme heat that causes Catarrh and not ozone. The fetor coming from the nose is probably caused by the retention of matter within the antrum.

DR. KORNDŒRFER.—There are two remedies not mentioned in the paper, which have proved of great service, one of which, Spigelia, is indicated in some of the most stubborn cases. I have just discharged a case that had been treated for two years by low potencies. The symptoms were a profuse discharge from the posterior nares into the pharynx, hawking of mucus, not much discharge from the anterior nares, except after acute attacks, mucus whitish, tinged with yellow; very little offensive odor, but frequently offensive taste, as if it were in the back part of the nose; more or less neuralgic pain through the head, especially the right side. Spigelia 30th, three doses daily for five days, then a rest of five days. He reported that he had not passed so good a week as the last. I have since given eight or ten prescriptions. Two weeks ago there was a slight exacerbation during wet weather. Theridion is exceedingly useful in long-standing cases with unpleasant odor from the nostrils, also bad breath; the patient notices it himself. The discharge is thick, yellowish, whitish yellow, greenish yellow; all these conditions of discharge; no pain, but presenting marked signs of strumous diathesis.

DR. COOPER.—Is there any difference as to sides?

DR. KORNDŒRFER.—Both nostrils are equally affected, but neuralgic pains are worse upon the left side. Hahnemann gives the symptom: an excessive mucous discharge running into the throat.

DR. MCCLELLAND.—What are the indicating symptoms? Discharge from the posterior nares is common. Was it not the neuralgia which led to the selection of Spigelia?

DR. KORNDŒRFER.—No, sir; it was the character of the discharge.

DR. DINSMORE.—Is there no adjuvant treatment of use in these cases?

DR. KORNDŒRFER.—I use simple warm water to cleanse the nostrils.

DR. MCCLELLAND.—Does not the addition of a little salt do good? I have had patients tell me that pure water was very irritating, but that the addition of a little salt made it pleasant.

DR. KORNDŒRFER.—I have used a solution of salt, but have given it up. I have seen aggravations from it, never from warm water. Filtered water, thoroughly boiled, is preferable.

DR. WINSLOW.—They do have Catarrh in the South. When the Epizoötic prevailed, they had it as badly in the South as at the North, and the "Northers" of southern climes produce many catarrhal diseases.

DR. KORNDŒRFER.—Is there not more ozone in Missouri, where they do not have Nasal Catarrh?

DR. WINSLOW.—Ozone increases in quantity towards the Rocky mountains. A gentleman from Leadville recently told me they have catarrh very badly there. Rapid changes of temperature would produce Bronchitis and lung troubles. Ozone is irritating to the respiratory tract, and is said to produce Hay Fever, and should be considered a cause of catarrh.

DR. KORNDŒRFER said he had inhaled ozone, and found it to produce nasal irritation.

DR. WINSLOW.—The paper does not recommend any local treatment. It recommends certain solutions as cleansing means, which are found valuable in dislodging the plugs of mucus from the nose. A solution of Borax, Bicarbo-

nate of soda, or Carbolic ac. should be be used, where the secretions are thick, plugs large, and they get into the depressions in the bones; the first two dissolve them, while warm water alone will not do this. It is better to add a little salt to the douches, as simple water is irritating to the nasal mucous membrane.

On motion, the discussion was closed.

The Committee on an Excursion to Bell's Gap reported. Dr. Childs, of the Committee, moved that when the Society adjourns, it be to meet at 8.30 A. M., to-morrow, that business might be finished early enough to go to the Gap after dinner.

DR. J. K. LEE objected to this interference with the order of exercises; he said we have come here to transact the business of the Society, and he thought it should not be rushed through. The motion was lost.

SECOND DAY—MORNING SESSION.

The Society was called to order at 9.30 A. M., by the President.

REPORT OF THE BUREAU OF OPHTHALMOLOGY AND OTOLOGY.

DR. W. H. WINSLOW, Chairman, presented two papers, the first by Dr. R. E. Caruthers, on "*Eczema Auris*," which was read.

ECZEMA AURIS.

BY R. E. CARUTHERS, M. D.,

ALLEGHENY CITY, PA.

Among the numerous expressions of a low condition of the system, and a depraved constitution, we find that peculiar affection of the skin known as eczema.

This is essentially a result of faulty innervation, added to which, as partial causes, are general debility, diseases of important viscera, local irritations of various kinds, and especially the scrofulous or strumous diathesis.

Eczema, in general, is defined as "an eruption of minute vesicles, not contagious, crowded together, which, from the absorption of the fluid they contain, form into thin flakes or crusts."

The essential characteristics of eczema are the presence of vesicles and the serous discharge.

The course, in all cases of true eczema is, that the skin becomes red, inflamed, irritable, stiff and itching. It seldom becomes swollen, except in the ear. The cuticle dies and is cast off or torn off by scratching; this is followed by a discharge of serum, and, subsequently, by the formation of vesicles and pustules, which result in the formation of crusts of greater or less thickness.

These crusts may be very extensive, and, when they are removed, a red, unhealthy-looking, desquamating surface is disclosed, which still exudes the serous, glutinous fluid.

The disease has received different names, according to the locality in which the eruption appears, and we propose to confine this article to one form, that of Eczema of the Auricle.

This variety of the disease is one that is not very frequently met by the otologist, for the reason that it is so often associated with the same affection in other parts of the body, more especially with that of the head and face. It may be either acute or chronic, but is rarely met by the surgeon until it has reached the chronic stage. It is very amenable to treatment, but when left to itself is apt to run a chronic course. It may be found in both sexes, but the chronic form especially, seems to be most frequent in females; it is, however, often met in children. The symptoms are the same as those of eczema in other parts of the body, with the addition of others which are peculiar to

the ear. The seat of the disease is usually the fissure behind the ear, sometimes the anterior surface, extending into the auditory canal, and, more rarely, the lobe of the ear.

The symptoms peculiar to the ear are a greater amount of swelling and secretion of serum, with more frequent appearance of fissures in the tissue, redness, swelling, and the formation of vesicles which become pustular, and which, finally, cover the ear with unsightly crusts, from which a discharge exudes. The auricle becomes a misshapen mass; the serum is seen to ooze rapidly from the follicles, or the exudation may quickly dry up into yellow crusts, under which the fluids accumulate.

When the disease extends into the auditory canal, the integument of the meatus is red, swollen, angry-looking, tender and at times quite painful. The surface of the meatus and membrana tympani becomes swollen, periostitis of the osseous canal sometimes supervenes, the pain is very severe and the hearing diminished. The material thrown off from the inflamed integument collects in the narrow passage, and, by mechanical irritation, increases the swelling, producing fullness and noises in the ear, resulting at length in the most annoying symptom of deafness. When the auditory meatus becomes obstructed by the swelling, the whole ear looks stiff and stands out from the head.

The causes of the disease are not very clear. It is found impossible, in many cases, to trace it to any given cause. It is usually observed in weak, delicate constitutions. Hereditary predisposition is said to have something to do with its propagation.

Eczema is usually regarded as non-contagious, but cases have been reported in which the disease has been caused by prolonged contact with the exudation, as, for instance, the eruption on the arm of a nurse as the result of the head of a babe, affected with eczema, resting thereon.

As we have said, the disease can be cured by proper treatment, but relapses are frequent. When it has extended

into the auditory canal it is more obstinate and, in this locality, a spontaneous cure will probably never occur.

TREATMENT.—Although much may be done, by local applications, to relieve the patient suffering with this affection, yet, as in eczema of any part of the body, the greatest reliance must be upon internal, constitutional treatment.

The remedies which have been found to have the best effect in this disease are: Merc. sol., Hepar sulph., Graph., Arsen., Rhus tox., Lycopod., Oleander, Calc. phos., and Iris vers.

In selecting any of these medicines, reference must be had to the general action of the remedy.

The special local symptoms we give below:

Graphites.—Itching behind the ears; itching of the lobule and cheek; after scratching the part, lymph oozes out and soon hardens. The eruption exudes a transparent, glutinous fluid, which causes the crusts to fall off, when more form, to again fall in turn. Eczema behind the ears and on the chin.

Hepar Sulph.—Heat, redness and itching of the external ears; scurfs on and behind the ears. Eruption spreads by means of new pimples appearing just beyond the main disease, which finally run together. Aggravation and sleeplessness after midnight.

Mercurius Sol.—When there is a great tendency to inflammation of the lymphatic glands. Exuding vesicles, with burning and stinging in the affected parts; the surrounding parts easily inflame after scratching. Aggravation and sleeplessness before midnight.

Oleander.—Humid, fetid spots behind the ears, with rough herpetic spots in front.

Rhus Tox.—Hot, burning eruptions, with copious discharge.

Arsenicum.—Dry, scaly eruption; sometimes fetid, purulent secretion, with nightly burning and terrible itching, ameliorated by external heat. Dr. Roosa relies mainly on

Fowler's Solution, as a constitutional remedy, in chronic cases of this disease.

Lycopodium.—When the eruption yields a thick and mild secretion (also Calc. carb.); bad smell from the parts, which bleed easily.

When a case of Eczema Auris is presented for treatment, it is considered good practice to remove, as soon as possible, the incrustations which have formed. The most successful means by which to attain this object is to carefully apply flax-seed poultices. After the crusts have been removed, various substances can be applied to prevent their re-formation. Carbolized water is highly recommended, and, if the parts are gluey and dirty, a solution of Borax, or Soda bi-carbonate will act well as a detergent.

Local treatment of the auditory canal is attended with considerable difficulty. It requires the personal attention of the surgeon, for no one who is not familiar with the appearance of the meatus in health, is able to judge correctly as to whether the tube is properly cleaned or not.

While unctuous substances are of great benefit, both to exclude the air, and to prevent the formation of crusts when the auricle alone is affected; it is found necessary in the affection of the auditory tube to use medicated solutions, for the cerates, when introduced within the tube, are apt to clog it up, and, in this way, aggravate the very difficulty one is attempting to ameliorate.

Cod-liver oil is recommended as one of the best applications to remove or prevent the formation of crusts, but many cases are aggravated by everything of an oleaginous nature.

After the redness and heat have been diminished, but the exudation still continues, Alumen externally, as well as internally, may be beneficial. Tarry preparations of various kinds are recommended. Dr. Willard advises a solution made by boiling oakum in water, applied freely to the affected part. Juniper-tar soap has also a good effect. So,

likewise, an alcoholic solution of the Sapo viridis, or German green soap.

In the affection of the auditory tube, the ear should be syringed daily with water of a temperature agreeable to the patient. Warm water alone is often extremely useful, and should be applied, by means of the douche, very frequently—as often as once an hour, in acute cases—or the injection may be medicated with some suitable remedy.

There is a great difference of opinion as to the safety of suppressing an eczematous eruption on any part of the body. Popular opinion considers it, especially in children, as a sign of good health, and not to be interfered with. Physicians of great experience are divided in their opinions on the subject. Hebra, Neuman and Kafka claim that no harm can result from their suppression, while Devergie, Rayer, Tilbury Fox and Paget consider it dangerous, and cite cases in which injury has occurred.

In view of this great difference, let us, who are subscribers to the law of similars, treat our cases according to our law, considering the affection, not as a local one, but as symptomatic of a constitutional dyscrasia, and select the remedy for the totality of the symptoms, and we will have the satisfaction of curing our patients quickly and safely.

DISCUSSION.

On motion, the paper was accepted and referred.

DR. SEIP.—In reference to eczema, I had it once upon the ear and upon the hands, and it disappeared all but a small spot upon the ear, to which I applied Carbolic acid and suppressed it, after which I became deaf upon that side. Shortly after the eczema made its appearance upon the ear, my hearing became better. I again applied Carbolic acid which suppressed it, and again hardness of hearing set in. Whether this was a mere coincidence I cannot say. In a case of 17 years' standing I used the ordinary

tar soap, with Calc. carb. internally for two months, and finished with Arsenic. The case was cured in six months.

DR. DINSMORE.—I never attempted to suppress a discharge. I have used Calc. carb. in a case where it was indicated by the sweating of the head. I always use the indicated remedy.

DR. WINSLOW.—An eczema of the auricle may be accompanied by a similar eruption upon the mucous membrane of the tympanum, and it is probable Dr. Seip may have had this eruption at the same time the eczema was upon the auricle. There is a close sympathy between the skin and mucous membrane, and an eruption upon one frequently alternates with one upon the other. An eruption might appear in the Eustachian tube and by some means be suppressed, and then appear externally. A suppression of an eczema upon the skin is often followed by disorders of mucous membranes.

Dr. BURGHER.—Suppression is not a cure. Eruptions of an herpetic character, which disappear during the summer and recur again during the winter, are not cured; it is merely a form of suppression. I believe in local applications for the purpose of soothing without suppressing the eruption, or interfering with the treatment. It is admissible to use some external measures to facilitate a cure, preventing the patient from scratching and consequent suffering.

DR. WINSLOW.—Iris vers. has been lauded a great deal. It has been praised for eczema of the scalp and ear. I would like to have the opinion of the members in regard to its value.

DR. BURGHER.—It is satisfactory wherever indicated. In eruptions about the scalp and face, with small boils on different parts of the body, the remedy acts promptly. Suppurating pustules on the scalp and body yield to it.

DR. MARTIN.—When do you prefer Hepar to Sulph.?

DR. BURGHER.—It is in eczema with eruptions peculiar

to those of Iris, *i. e.*, small pustules, and these with the eczema are designated as Eczema impetigenoides.

DR. MCCLELLAND.—As to whether eczema can be suppressed, I have no doubt about it. The pathology of the disease makes it a possible fact. It has been well established that it is an external catarrh, and affects the skin, as a catarrh does the mucous membrane. I once saw a case of Eczema Auris produced in a most singular way. The ear itched and the young man began to scratch it with a lead-pencil. In the course of a month, an eczema developed, which extended over the external ear and became most inveterate. As it got better the hearing became worse and is now permanently impaired. I had Dr. Winslow examine and treat the case, but still the hearing is defective. The whole trouble dates from the rubbing of the ear with the pencil. Whether this was a poisoning by Graphites, which is a leading remedy in eczema, is of course a matter of doubt. There was no tendency to eczema in the family. In these cases I place my main reliance upon Graphites and Hepar.

DR. SEIP.—I was not aware that there was any defect in my hearing until after that eruption. It may be the middle ear was affected; if so, it was greatly aggravated by the suppression of the eczema. Dr. McClelland says it can be suppressed. I am aware of a case in which the physician made an effort to suppress the eruption and utterly failed; the case was afterwards treated homœopathically. Zinc ointment had been rubbed on until it was completely plastered over, and several weeks elapsed before the parents would stop the use of the salve.

DR. WINSLOW.—In eczema of the canal, after it reaches a certain stage, it produces a considerable thickening of the skin extending into the canal and over the external surface of the membrana tympani. Inflammation results in a thickening and hypertrophy with exfoliation of the epidermis, and deafness, which is difficult to relieve, because it is due

to this hypertrophy. I think thickening of the membrane can not be entirely removed.

On motion, the discussion was closed.

The second paper of the Bureau, by Dr. W. H. Winslow, entitled "*Rare Sympathetic Ophthalmia: Ossification of the Ocular Choroid*," was then read, accepted and referred.

RARE SYMPATHETIC OPHTHALMIA: OSSIFICATION OF THE OCULAR CHOROID.

BY W. H. WINSLOW, M. D.,

PITTSBURGH, PA.

Thirty years ago, W. S. J——, a boy aged thirteen years, was out gunning in the woods, and received a charge of nearly spent shot in his face from his companion. None of the bird-shot did any particular damage, except one; that was supposed to have entered the left eye at the inner corneo-sclerotic junction, where a deep linear wound was noticed, crossing the ciliary region diagonally. No attempt was made to extract the foreign body; the boy was healthy, the inflammatory reaction was not very severe, the family doctor was attentive, and the wound healed, but sight was lost in this eye, the other not being affected. The patient related that, since he could remember, the eye had been tender to the touch, subject to attacks of inflammation from trivial causes, and a source of discomfort. He felt a kind of drawing in it, as if the muscles were bound down, and when he used the other eye continuously for near vision, as in reading, there was a feeling of tension and distress in both globes.

Within the last six years the diseased eye had been very troublesome; about every six months it had been affected by what seemed, from the symptoms, to have been severe conjunctivitis, accompanied by ciliary neuralgia. The right eye would soon be attacked, have very much the same

symptoms, with photophobia and diminished vision. The attacks caused much suffering, and lasted about six weeks, entirely preventing the patient from following his occupation as a paper-maker. He had been treated by eminent oculists in both schools, for the acute exacerbations, but the sight in his right eye had been diminished by each attack, until now he feared its loss altogether.

The man had an excellent constitution, and, with the exception of his eye affection, was in perfect health. He had, a few weeks before applying to me, passed through a severe ocular attack under an old-school oculist, during which he was confined to bed, took considerable mercury and opium, and suffered severely. The palpebral conjunctivæ of both eyes were congested, but the ocular was not affected. The cornea of the left eye was slightly hazy; the sclerotic scar could be easily seen; the pupil was quite small, drawn over to the right side, and insensible to light. The globe seemed as large as the other, had diminished tension (−1), and not the least perception of light. It was tender all around the ciliary zone, but pressure produced a dull, sore pain, rather than a sharp unbearable one.

The lids closed normally, and at a little distance one could not have detected any difference between the two eyes, except that the left one was slightly divergent.

The cornea of the right eye was opaque in its lower third, and striations of opacity extended a little way into the middle third; the sclerotic was normal, the pupil responsive to light, the iris not discolored, tension of the globe normal, there was a little tenderness over the ciliary processes, and vision was diminished.

Ophthalmoscopic examination showed the interior structures of the eye to be healthy, and tests gave a vision of $\frac{15}{70}$ Sn.

Diagnosis of old plastic Cyclitis, and constant ciliary irritation from pathological changes was made for the left eye; and rare Sympathetic Ophthalmia in the right

eye as a consequence thereof. The rapidly occurring acute exacerbations of inflammation in the left eye, producing Keratitis in the right; the danger of total blindness from these, as vision was already much impaired; the long history of suffering and loss of time given, taken in connection with the pathological and useless condition of the left eye, induced me to recommend enucleation of the latter.

The patient was given Bell. 3x, one drop every three hours, for the ciliary soreness, which disappeared from the right eye in a few days, and then the left eye was enucleated. The man made a rapid recovery under Acon., Ipec. and China, administered for supervening symptoms, and had a glass eye in, against my advice, within three months.

During this time I gave him Silicea, Kali carb. and Mercurius, as occasion demanded, and dusted his cornea daily with crude Merc. dulcis, in order to remove as much of the opacity as possible.

Four months from his first appearance, the left orbit was healthy and the glass eye worn with comfort. The opacities upon the right cornea had become thinner and less extensive, and vision had improved to $\frac{15}{80}$ Sn. He could read the newspaper for a long time without any discomfort, and the drawing, tension and tenderness of the globe had entirely disappeared.

Six months after enucleation the eye was in good condition, there had been no trouble with it of any kind, and the man had been working some time at his trade and was happy.

An examination of the extirpated globe revealed a curious condition. There was a nodule of organized fibrin over the ciliary region where the wound had occurred, with a dragging and matting of the iris in its meshes; the pupil, though greatly displaced laterally and close to the reparative material of the wound, was round, clear of fibrin and patent; the vitreous had been disorganized and its chamber was filled with a yellowish, flaky serum; the hyaloid mem-

brane and retina were united, had become detached from the choroid and shrunken into a shreddy cord, which extended from the optic nerve directly forwards to the nodule of fibrin at the wound, where it was firmly attached. The iris, and ciliary processes were present in a shrunken condition, but only a trace of the choroid coat remained. In its place there was a complete cup of dense calcic material, perforated behind for the passage of the optic nerve, and closely adherent to the sclerotic. This had all the characteristics of bone, such as hardness, smoothness, grain, foramina and vascular channels, but was not examined microscopically. It was certainly more like ossification than calcification. Upon separating this cup from the sclerotic, the latter was found intact and presenting all the naked eye appearances of the healthy envelope. The optic nerve was somewhat atrophied. This pathological freak has occurred before, but is rare enough to merit a careful record.

REPORT OF THE BUREAU OF CLIMATOLOGY.

DR. B. W. JAMES, Chairman, being absent, Dr. Childs read a paper by Dr. T. M. Strong, entitled "*Air in Health and Disease.*"

On motion, the paper was accepted and referred.

AIR IN HEALTH AND DISEASE.

BY T. M. STRONG, M. D.,

ALLEGHENY CITY, PA.

The atmosphere about us, when not rendered impure through the carelessness or indolence of man, has been found to be in the exact chemical properties best adapted for animal life and health. When in purity its influence is felt throughout all our system, in causing a sensation of life and health,

but when impure from any cause, then we feel stupid, dull, languid and sleepy; every effort becomes difficult, and a molehill of duty becomes a mountain of execution.

Now, of this life-renovating medium, oxygen is a very important and all-essential part. When oxygen was first discovered by Priestley and its uses made known, an era of hope was begun upon the idea that, since we now knew the benefit of a full supply of oxygen and had learned to manufacture it, we had only to increase the quantity of oxygen and new life would be awakened. But experiment soon convinced these speculators that the proportions, as fixed in Nature's great laboratory, were the true combinations, and were beyond any improvement that the workshop of man could produce.

The air or atmosphere has been studied for years by sanitary scientists in all its manifold conditions, constituents and properties. Among these constituents the discovery of ozone was a most important one. The field of its usefulness, although apparently limited, will yet be found, when more extended researches shall have rendered certain, what is at present subject to changing theories.

It has been affirmed with some degree of probability that the quantity of the ozone in the air marks the presence or absence of epidemics. The maximum amount of ozone is when the wind is from the west, while changing from south to north, and on the other hand less, when it is from the east. But this occurs more particularly in those regions where the west wind is one which blows from off the ocean, the latter having been found to generate large quantities of ozone. Outbreaks of epidemics are said to be coincident with these winds, as observed during the cholera of 1866.

To summarize in regard to ozone, we have the following as the opinion of those best qualified to speak in regard to it.

Its greatest use is as a disinfectant; it seizes hold upon decaying and disorganized matter and rapidly destroys their disease-producing power.

The maximum quantity of ozone in the air is in February and May; the minimum in July and October. The conditions producing a maximum are low temperature and barometric pressure, damp atmosphere, dull, overcast sky, and much snow; while a minimum is produced by a warm temperature, with mean barometric pressure, clear sky, and dry atmosphere. It is more abundant in winter than in summer, but this may arise from the fact that a larger quantity is consumed in the hot season on account of the amount of organic impurities in the air. It is more abundant by night than by day, having the maximum at sunrise and the minimum at sunset. It is more plentiful on the mountain tops than in the valleys, upon the coast than inland, in the country than in the town, in well drained cities than when sanitary precautions are neglected.

Fresh air, whatever may be the influence which the presence of ozone in a greater or less degree may exert, is so important, that our endeavors should be to obtain a supply of it at any cost, since life and health are in the balance. We do not mean by this that, if you have fresh air alone, you will continue in health, or will be necessarily restored from sickness, since many other factors are at work in our unhealthy and stimulated manner of life. It is certain that disease is so often the result of the neglect of the very plainest hygienic rules, that we may with truth place upon our tombstones the epitaph, "We are our own fates, our own deeds are our doomsmen."

The necessity of pure air for the maintenance of health has been utilized in the treatment of the sick, either by sending them to other parts of the country from where they live, or by supplying them with air produced or elaborated by artificial means.

In the former, we have the choice of sea-air, and the air of the mountains. A correct estimate of their value is important, since, upon the judicious selection by the physician of one or the other, may depend the comfort, if not the life of

the patient. The following gives in a very concise manner the general rules to be followed in these cases, always admitting the necessity of individualization in this, as in every other therapeutic measure:

"The sea air acts more rapidly, the mountain air more slowly; the former gives a more vigorous appetite, compels a more increased ingestion of food, stimulates the digestion and increases the bodily weight; while the latter acts in all these respects as a more subtle stimulant; sea air presupposes robust assimilative functions; mountain air exerts its gentle influence, also, on the atonic and catarrhal conditions of the gastro-intestinal tract. Sea air demands robust integrity of heart and lungs. Mountain air exerts beneficial influence on natures, which suffer in this respect from weakness with increased irritability. Sea air easily overpowers persons affected with irritable weakness, while the mountain air has a calming and indirectly strengthening effect upon them. The choice is generally regulated, not so much by the name of the sickness, as by the individual character of the sick person."

Among the artificial means employed we have that of compressed air, which, although not in general use, has many advantages which might be utilized to good purpose were it not for the expense involved.

Dr. Baldwin, in an article in the *Trans. of the N. Y. Society*, and lately in the *N. A. Journal of Homœopathy*, has given an interesting description of the manner of using it, and the diseases benefited by it:

"There are two kinds of baths; one called the tonic, at ordinary temperature, and the other called the hot, or sweating bath. The latter does not debilitate like the ordinary processes, for a current of pure, fresh air, containing a double quantity of oxygen, is every moment passing through. The air in the upper part of the bath is cooler than the lower, thus keeping the head cool and the extremities warm. It is adapted to rheumatism, catarrh and acute

febrile action. The tonic bath is indicated in debilitated cases and nervous prostration, such as well-developed phthisis with hectic fever and hemorrhage, or an irritated brain. It gives volume and vigor to the pulse, reducing its frequency in a rapid manner in debilitated subjects, just as the frequency of the pulse is often reduced by stimulants in exhaustion. The sweating process reduces the inflammatory pulse; promotes free respiration. It is useful in congestions generally, and in many nervous forms of disease. An increased absorption of oxygen and secretion of carbonic acid enable the lungs to perform their functions more efficiently. The obvious advantage of exercise in the open air, as a means of absorbing a large amount of oxygen, are hereby attained, without the loss of vitality consequent upon the effort in enfeebled persons."

Air Filtering.—In order to remove all poisonous germs from the ordinary air, or in seasons of epidemics, attempts have been made to filter the air, by forcing it through masses of cotton, placed in front of the air receiving apparatus, and then by means of fans driving it through the wards.

Cold air has been recommended in acute febrile conditions, as far preferable to the usual cold baths. It has been used in ulcers and febrile states with good results, and without any deleterious action on the respiratory organs. Its action in putrid processes of the lungs, and in chronic fetid catarrh of the respiratory organs is very satisfactory.

Air as an Anæsthetic.—This has been tried successfully in those cases requiring but a brief interval for operation, but in which the pain for the same length of time would be severe. It consists simply in the patient making a number of rapid respirations for a space of from one to three minutes. The marked effects produced by rapid breathing are giddiness, tingling at the fingers, obtuseness of the feeling and taste, and, if long continued, a kind of helplessness,

As to the remedial effects of a supply of ozone, they are still undiscovered. But as a guide to drug selection we find the following ingenious theory in the *Medical Investigator*, Vol. X: "After rain in which ozone is abundant, the tops of the mountains and forests never smoke. Here the iron group are to be thought of. If you observe rain with mist on the mountain tops, it is a sure sign that not iron, but copper and its analogues are indicated. The electricity of the fog without exception is positive electric, while ozone is negative electric."

REPORT OF THE BUREAU OF SURGERY.

DR. WM. R. CHILDS, Chairman, said he had several papers. The first by Dr. J. C. Morgan, was read by Dr. Childs, and the attention of the Society called to its style of preparation.

DR. BURGHER.—Manuscript should be written only on one side of the paper, and I don't believe in accepting the paper in such a shape.

The essay was written on note paper on all sides. It was suggested that the paper be returned to be copied. Dr. Walker stated that a similar paper at last year's meeting was accepted and sent back to the Doctor to be revised, but it was returned, the Doctor not having time to copy it, and he then copied it himself. On motion the paper was rejected by a vote of the Society.

DR. CHILDS then read his own paper, entitled "*Hypertrophy and Eburnation of the Femur.*"

HYPERTROPHY AND EBURNATION OF THE FEMUR.

BY WM. R. CHILDS, M. D.,
PITTSBURGH, PA.

Mr. McP.; occupation, butcher; right leg swollen above knee; painful; small opening on outer side of limb discharging thin, whitish pus; cannot walk without assistance of crutch.

Admitted as private patient to Homœopathic Hospital of Pittsburgh, Feb. 3d, 1879.

The following history was given by patient:

Five years ago he let a butcher-knife fall upon his right foot, producing a punctured wound at metatarso-phalangeal articulation of little toe; wound healed in a few days. Nearly a year after, pain of a rheumatic character began to trouble him about the knee; this was followed by swelling and inflammation, treated by hot fomentations, poultices, and liniments of various kinds. In the course of six months (a year and a half after injury to foot), a blister formed on outer surface of limb, which being punctured discharged a thin pus. After poulticing again for a few months, a small piece of bone was thrown off, and the opening closed. During the next two years, the state of limb was better or worse, owing to condition of weather, and amount of exercise taken. One year ago last month (January, 1870), the limb becoming useless for service, owing to pain, heat and swelling, an M. D. of the old-school was called in, who laid the leg open and scraped the bone; the wound healed, leaving two small fistulous openings, which the Doctor united by severing intervening tissue. Since March, 1878, there has been a small opening which has been discharging a thin pus, but no bone has been thrown off. After a careful examination, with Dr. J. H. McClel-

land as consulting surgeon, the patient was informed that a free incision would be made, thoroughly exposing the bone, and, by removing a portion of the same, we would try to save the leg, if at all practicable; but, if we found the disease had extended into the joint, we would amputate the limb.

The patient was allowed two days to rest and become accustomed to his surroundings. On the 3d of February, being ably assisted by the Hospital and Dispensary Staff, the patient was placed under the influence of Chloroform, the Esmarch bandage was applied, and an incision made along the margin of the vastus externus, from the tuberosity of the external condyle, 7½ inches in extent. The wound was held apart by retractors, the femur was plainly exposed, showing the lower part of the shaft much enlarged, with an oval opening through the bone laterally, about four inches above the condyles. After hard and patient toil of nearly two hours, and breaking four chisels and a pair of bone forceps, owing to ivory-like hardness of the bone, we succeeded in reducing the shaft about one-half its transverse diameter, cutting away the under portion of the femur, and transforming the oval opening into a semi-lunar notch. The only artery tied was the "superior external articular," a branch of the popliteal. After removing the tourniquet, there was considerable oozing of blood from the cellular portion of the bone, as well as from the soft tissues. During the entire operation the wound was kept under a Carbolized spray from the Atomizer.

The wound was lightly packed with antiseptic cotton, the edges drawn slightly together, a carbolized dressing applied, covered with oil silk, and limb was supported on an oakum pillow. Arnica 1x was given internally every two hours. The oozing continuing and increasing, the dressings were removed and a solution of the Persulphate of Iron applied, effectually controlling the hemorrhage. Arnica was continued for forty-eight hours, then the patient was

put on Hecla Lava, 3x trit., dose four times daily.* The wound was syringed well with warm carbolized water, and dressed with carbolized oil four times a day, until suppuration began, when hot poultices of flax-seed meal were applied. The ligature came away on the eighth day. After two weeks, the nurse was instructed to make passive motion of knee-joint whenever he changed the dressing.

This treatment was continued along with a generous diet. In six weeks' time he was able to move about on crutches, swelling and inflammation were subsiding, the wound had healed all but an opening of half an inch, which was maintained by keeping it packed with a pledget of lint, in order to facilitate any discharge of bony particles which might be thrown off in process of repair.

May 1st, the patient was discharged from the hospital, using one crutch, and, owing to an eruption of pimples on face and body, a tendency to take cold, loss of appetite, constipation, headache, stiffness and soreness of limbs in morning, and for its general adaptability to the case, I gave Silicea, 3x trit., a dose three times a day.

Mr. McP. reported at my office in person on May 8th. I then substituted a piece of gum tubing of calibre three-sixteenths of an inch, perforated with holes, which was passed in behind femur into concavity of bone. This was done to give perfect drainage and prevent formation of an abscess. General health was improved, continued Sil. 6x trit. twice daily. The patient reported May 5th and received Sil. 12x trit.; May 31st, and received 30 x; June 17th and July 11th, the medicine was continued and the general health good. He used his limb well, did not carry crutch except when he came to the city, and only then as a precautionary measure. The leg was but slightly larger than its fellow, there was no discharge through the tube, except a little blood when removed; it was taken out twice daily and the sinus

* *Vide* "*A System of Surgery*," by W. Todd Helmuth, M. D., page 436.

syringed with carbolized water. He reported by letter, August 1st, all right. He has taken since May 1st, Silicea, 3d, 6th, 12th, and for last three months, 30th trituration, a dose every night.

I wish, before concluding, to quote from some of the standard writers on this disease. Thomas M. Markoe, M. D., in his "*Treatise on Diseases of the Bones*," says, at page 27: "As for the influence of remedies on the deposits of bone from inflammation, authorities are pretty well agreed that nothing is to be expected." Mr. Stanley says: "Upon enlarged and indurated bone, medicines have no effect; its condition will be permanent..... But, against the tenderness and irritation of the periosteum, which precede and accompany the morbid changes in the bones, treatment may be directed with the best effect, particularly the local application of Mercury to the limb, with the administration of Iodide of Potassium and Sarsaparilla."

T. Holmes, M. A., Surgeon to St. George's Hospital, on page 424, says, in speaking of sclerosis of bones: "The only treatment which is available is the same as recommended for nodes (Iodide of Potassium and Sarsaparilla with Mercury), but it seems uncertain whether such treatment has really much specific effect on the disease, though rest and shelter, and good medical supervision, no doubt do much for its cure."

Dr. D. Hayes Agnew, Vol. 1, page 1017, of his new work on Surgery, says: "Surgically, sclerosis possesses little interest, as there are no symptoms which are pathognomonic of its presence. It is barely possible that the growing increase of weight in the limb, when the tibia or femur is affected, might furnish ground for suspecting the existence of the disease. Even if recognized, we have no remedies with which to combat it." Contra: Dr. W. Tod Helmuth, the most prominent surgical authority in our school, in his work relates the favorable termination of cases of bone disease, treated with internal medication.

Here we have a case of Exostosis of femur, of slow growth, complicated with caries and perforation of a portion of the shaft; the hypertrophy extending towards the knee-joint, taking on the eburnous, or ivory-like form; the accompanying swelling and inflammation imperiling the joint, having already impaired its usefulness. A case ready for amputation? No, a case for conservative surgery, aided by the properly chosen homœopathic remedies.

You have heard of the result up to August 1st. On last Friday morning (August 29th), I invited Drs. Burgher and McClelland to examine this case at my office. Mr. McP. is in full enjoyment of health; has perfect use of limb, with natural motion of knee, and has been wearing gum tube in sinus ever since his last call, July 11th; no discharge has occurred since that time. He is now instructed to discontinue the use of the tube, to bathe the limb as usual, and to take, nightly, a dose of Sil. 30x trit.

DISCUSSION.

DR. WINSLOW.—I do not see why medicines should not act as well upon bone as upon other tissue. I examined fragments of this bone and found it to be an ivory exostosis. I think there was more fluoric acid in it than is found in bone generally.

DR. KORNDŒRFER.—Why was Fluoric acid not the remedy?

DR. SEIP.—It contained too much of that already.

DR. MCCLELLAND.—As regards the action of medicines upon bones, I am sure they do act. There is no reason why they should not. Bone is well supplied with blood-vessels and nerves. Silicea, Calc., Mez., Fluoric acid, and Hecla lava have all been used to no small extent. In such cases as eburnation, remedies are less likely to act, than in other diseases of bone, for the reason that the nerve and blood supply is defective and scanty. The same applies

to the action of medicines upon cartilaginous tissues and ligaments, as in sprains. In eburnation we are justified in removing the growth, and in this case it was necessary, as it was extending into the knee joint.

On motion, the discussion was closed.

DR. CHILDS then presented a volunteer paper by Ross V. Pitcairn, M. D., entitled "*Caries of the Tarsal Bones.*" A synopsis only of the paper was read and it was accepted and referred.

CARIES OF TARSAL BONES.

BY ROSS V. PITCAIRN, M. D.,

ALLEGHENY CITY, PA.

Willie W., æt. six years, was brought to the Pittsburgh Homœopathic Dispensary for treatment in February last. His parents are healthy, industrious Germans, and their other children were perfectly well. The mother stated the boy was always in good health until within six months.

The patient had the usual history in such cases; the boy began limping and complaining of his foot paining on movement. The mother treated it as a sprain, with liniments, etc. Becoming alarmed at its progress, she sought the advice of a physician. He recognized the nature of the case, and advised poulticing and keeping the foot at rest. No medicine was given. Soon after an abscess formed and was lanced. This was the only treatment the patient had received, up to the time he came to the Dispensary.

The mother said the boy's appearance had altered greatly; from a stout, robust lad he had become effeminate and delicate in appearance.

Upon examination, two sinuses were found leading down to the bones, and roughness could be detected, with slight discharge of pus. His appetite was fair, and there was a little sweating at night, with restlessness.

The foot was placed on a splint to insure perfect rest, and poultices applied. Mercurius sol. 3x trit. was given internally once a day. This was continued about a month; the foot was not improved. Silicea 6x was then given for about the same period, and no improvement being noticed, but rather an increase in size, with more pain and greater discharge, the disease was thought to be extending, and an operation was decided upon.

In the early part of June last, Dr. Willard operated upon the foot by means of the dental engine; the internal and middle cuneiform bones were drilled out until all diseased bone had been removed. The foot was placed at rest, on a splint, and syringed daily with carbolized water. Asafœtida was given. The wounds healed nicely, and were kept open by pledgets of lint, to permit free drainage during the process of granulating. The swelling of the foot continued, and no improvement followed the operation. The boy gradually grew worse, restless, and perspiring quite copiously at night; he ate little, and diarrhœa ensued with thirst; Ars. alb. 3x, one powder a day, controlled the diarrhœa. As the foot continued to get worse, discharging more and increasing in size, it was thought proper to remove the diseased parts. On July 12th the boy was placed under an anæsthetic, and I made two large incisions down to the diseased structure, and removed the internal and middle cuneiform bones, which were quite soft, and a portion of the middle metatarsal bone; all other bones seemed to be in a normal condition.

The wounds were treated as before, the boy slept well, had a good appetite, and improved somewhat. He has so continued to the present time. The portion of the foot operated upon healed nicely, and the swelling disappeared.

Shortly after this last operation, the outer side of the foot, in the region of the cuboid bone, enlarged, became hot, swollen, and painful. Warm applications were applied; pus formed, and the abscess was opened. The swelling

continues, with a free discharge. Poultices are still applied, and Fluoric acid 6x is given. The boy is now in tolerable health, compared with his condition when he first applied at the dispensary. His foot may require further surgical interference. The improvement in general health, and the fact that he was not benefited by medical treatment alone, are evidences of the good results from removing the diseased structure, which would only tend to irritate other parts in the neighborhood, and prove debilitating to the system.

The treatment and results thus far obtained, show the advantage of homœopathic treatment combined with conservative surgery.

DR. J. H. MCCLELLAND then read a paper entitled "*The Principles of Orthopraxy*," which was accepted and referred.

PRINCIPLES OF ORTHOPRAXY.

BY J. H. MCCLELLAND, M. D.,

PITTSBURGH, PA.

The object of this paper is to review some of the principles found operative in the treatment of deformities; this term including *malformations* (numerical deformities) and *distortions* (simple deformities). The latter will be in mind particularly.

The writer in referring to these principles will make no attempt at completeness, intending at this time to do little more than to mention certain ground rules of practice in this important field.

TOLLE CAUSAM.—A cardinal principle in this as in all successful practice, is to remove the cause. A distinct pathological condition, such as contracted muscles, may at times have a remote and perhaps concealed cause remaining in force. To address its treatment to the contracted muscles alone would fail of success. For example, if it is

found that phymosis is the efficient cause of a given case of contracted ham-strings, or general nervous irritability, the only rational treatment would be circumcision or its equivalent. So lateral curvature of the spine has been known to disappear quickly when the remote cause, such as an aggravated dyspepsia, has been removed. Now, if by long continuance contracted muscles become organically changed or *contractured*, then, in addition to the abatement of the exciting cause, tenotomy or its equivalent becomes necessary. Seek out the cause and abate it.

THE APPLICATION OF FORCE.—Pressure, tension, movement, all are active agencies in overcoming deformities. Scarpa elicited a royal truth from the old Parisian mechanic Tiphaisne (who had gained great reputation for a secret method in the cure of club-foot), when the latter let fall the remark, "*Nature will not yield to violence, but only to gradual force.*" In this precept doubtless lies much of the success attributed to "bone-setters," as well as that obtained by many a patient mother, who with sorrowing heart, yet pliant fingers, day by day trains the distorted foot of her babe into its natural comely shape.

I am not sure but Dr. Hering (who knows almost everything and dispenses with liberal hand, upbraiding not), first called my attention to the efficacy of moderate, continued pressure in reducing hernias and such-like. Certain it is that *pressure, moderately and persistently applied*, is an efficient means in the correction of many deformities.

Applied to curvature of bones, as in bow-legs, and in not a few cases of contracted joints, this will prove the correct method.

Let it be remarked, that an essential to success is gentleness and persistence. But another essential element must not be overlooked. It is further related that when Scarpa somewhat surreptitiously obtained entrance to Tiphaisne's work-room in search of the secret of his success, he found only a steel spring and a cushion. His ready

mind, however, divined their significance,—he read in them *elastic pressure* upon a yielding surface. Scarpa's shoe and its modifications are the practical outgrowths of this principle.

The element of elasticity is an important one, while unyielding pressure is almost invariably pernicious. Many instruments and apparatus fail, because wanting in this particular of elasticity. We have an illustration of the effect of elastic pressure in the case of aneurism of aorta, in which the soft elastic body, by continuous pressure, causes the absorption of the apparently unyielding bone; and in the various grooves and depressions in bones which have yielded to the elastic pressure of vessels and muscles. There is, however, a caution to be observed in the application of this means for the relief of deformity, as in angular curvature of the spine. It is generally hazardous practice to attempt the straightening of a spine affected with angular curvature, and pressure brought to bear upon the affected part usually results in damage. Elastic pressure serves an excellent purpose in sub-acute joint disease, where there is considerable effusion and consequent swelling. The instrument makers construct a double sack for surrounding a joint, into which air or water may be forced. When there is heat in the part, hot water is almost invariably the best. A very good purpose is served by binding a wet sponge around the part—securing elastic pressure in this way.

Elastic Tension.—A somewhat similar principle to the above is elastic tension or extension. Unyielding traction has been serviceably employed in the treatment of diseased joints, but it must be guardedly used, and its range of applicability is limited. On the other hand the introduction of elastic tension marks a real era in orthopedics, and because its method is physiological.

It overcomes excessive muscular contraction in a way that does not destroy the integrity of muscular fibre. It favors the restoration of function in muscles that have lost

their contractility. We need but refer to the common deformity, club-foot. Here we have certain muscles contracted or contractured,—the real lesion consisting of paralysis of the opposing muscles. With or without tenotomy the distorted foot may be placed in proper position and held in the embrace of a plaster of Paris bandage, or other immovable apparatus, but the cure is illusory; there has been no development of power in the paralyzed muscles and relapse may be confidently expected. The plaster apparatus may serve a good purpose as a preliminary measure, holding contracted ligaments on the stretch and bringing articular surfaces into correct juxtaposition. But let us consider what a correct pathology teaches. It matters not whether the abnormal combination found in talipes is caused by the position of the fœtus in utero, or deficient and defective nerve stimulus, we are confronted by a glaring deformity, a club-foot. As intimated above, the pathology of the lesion is, functional (contraction) or organic (contracture), shortening of certain muscles, dependent upon a partial or total paralysis of certain other (opposing) muscles. In such cases the superiority of the Barwell method and its modifications becomes apparent.

Elastic tension by rubber tubing is introduced for a twofold purpose; it interposes a contractile force which is lacking in the paralyzed muscles, thus drawing the foot toward its normal position, and at the same time, by inducing action in the affected muscles, favors the restoration o power. The same principle and method will apply to contracted muscles wherever found,—ham-strings or sterno-mastoid. It is not claimed that myotomy and tenotomy are thus entirely superseded, although they are in numerous instances. Where a muscle has suffered organic contraction to a marked degree, tenotomy or myotomy become necessary as a preliminary measure.

UNYIELDING EXTENSION is a measure of no mean importance in the treatment of joint diseases; a measure by which

inflamed articular surfaces are kept apart, adding greatly to the comfort of the patient and aiding in the cure. In hip-joint disease we have an illustration of this principle in the use of the Sayre apparatus and similar devices. To the advantage of the patient, these admit of general exercise. The weight and pulley employed in joint affections furnish an example of the same principle, and a vast amount of suffering would be saved if extension were oftener employed in joint diseases.

MASSAGE AND PASSIVE MOVEMENT.—Rubbing, and the whole system of passive (Swedish) movements are usefully employed in a certain class of cases. In nervous irritability massage has a most soothing influence; and when employed in connection with passive movements, constitutes an efficient means of increasing the circulation and thus the nutrition, in paralyzed and wasted muscles. Further than this, surprising relief will sometimes follow the gentle rubbing of an inflamed joint from below upward, with a kind of persuading motion. Doubtless the relief comes by the emptying of engorged vessels. The precaution should always be observed before rubbing a part to anoint it or the hands with vaseline or some similar substance. Another suggestion—in stretching a contracted muscle, great advantage will accrue from rubbing the muscle at the same time across the fibres.

HEAT AND COLD.—Heat in its plus and minus aspects is a valuable auxiliary to the practitioner of orthopedics. No better rule can be given than "heat to heat and cold to cold." The effect is probably produced by shock and reaction; or by the unloading of congested vessels, as the case may be. Heat may be employed moist or dry. Moist heat in the form of fomentations, cataplasms or douches will nearly always act favorably upon hot, swollen joints, while dry heat in the form of heated salt, flannels, etc., appeal with greater power to neuralgias.

In some cases of atony or deficient and sluggish circula-

tion, the application of a sharp degree of cold in the form of a douche will often have the happiest effect upon the circulation by producing reaction. In chronic sprains this method has been of much service. An easy plan is to direct the patient to hold the joint under a running hydrant for two or three minutes, and then, after a brisk rubbing, to wrap it snugly in flannel.

REST, LOCAL AND GENERAL.—What has been said thus far has been mainly in reference to motion, yet *rest* is a principle of primary importance in orthopraxy. In irritable spine and in the early stages of Pott's disease, rest in the recumbent position is essential to prompt recovery. So in acute synovitis, absolute rest is required. Doubtless most of the cases of hip and knee-joint diseases could be arrested, if the patients were put to bed and the proper internal remedies administered. The same may be said of Pott's disease.

When the acute symptoms subside, it is always advisable to secure exercise and fresh air, and this is accomplished by various braces, jackets, splints, etc., which compel local immobility yet admit of general motion. With the spine, the more completely this is accomplished, the greater the success of the treatment—anchylosis being a desideratum. But with other joints this is not to be desired, and hence a caution must be observed, as after the subsidence of acute inflammation, motion should be instituted every week or oftener. In sprains of the knee and ankle, after the acute symptoms have subsided somewhat, the joint should be encased in a starch or plaster bandage; absolute immobility maintained for two to six weeks, is necessary for the restoration of the injured ligaments.

A word as to caries of the spine. Curvature is to be prevented when possible, and *arrested* when it has taken place. As before mentioned, no effort should be made to materially straighten a curvature. Until anchylosis has transpired, or at least until the progress of the disease is arrested, the writer feels convinced that the best results will be obtained

by keeping the patient most or all the time in the recumbent position, *in addition* to wearing a properly constructed brace or jacket.

In a paper on the "*Use and Abuse of the Plaster of Paris Jacket*," presented by the writer to this Society a year ago, an endeavor was made to point out wherein the Sayre brace is defective and injurious, as well as wherein useful. It is unnecessary to discuss the matter at length now. The advantage of the plaster as affording well distributed support was recognized, but the necessity for occasional removal for purposes of cleanliness and inspection was also set forth. It was suggested that this could be accomplished by cutting the jacket open in front (as would be done with a plaster bandage of the leg), and when re-applied adding a bandage which would secure it properly and which could be removed at pleasure. By incorporating thin strips of tin or steel springs, the jacket could be made lighter and less liable to break upon removal. It was also suggested that the braces of Knight, Taylor, or Davis, which have a corset-like arrangement for lacing in front, would be sufficient for a majority of cases (bearing in mind recumbency). Dr. Shaffer, of New York,* recently advocates the use of one of the above braces suitably adapted, with a "Plaster of Paris zone" passing around the body and over the point of curvature, outside of the brace. Dr. Vance, of Louisville, Ky., has perfected a jacket securing all of the advantages of the plaster jacket and obviating most of the defects. His plan is somewhat as follows: A plaster jacket is applied in the usual way, and when set is cut down the front and removed. A cast is now made with this, which of course represents the exact form of the patient. Upon this plaster bust the jacket is built. It is first covered snugly with a cotton roller. Then strips of unglazed manilla paper (one

*Pott's Disease, by Newton M. Shaffer, M. D. G. P. Putnam & Sons, New York, 1879.

and one-half inches wide) are applied with glue, in which a certain amount of oxide of zinc is incorporated, vertically, transversely and diagonally. Whalebone and hoop-skirt steel is interwoven with the paper strips to increase the strength and pliability of the jacket, being secured with strong thread. The outside is covered in with muslin cloth or similar material. When hardened the jacket is cut down in front, lined with canton flannel, and eyelets arranged for lacing. The writer is informed that this improvement of Dr. Vance's has already proven brilliantly successful in a number of cases. Splints made on this same plan would be equally efficient for fractures, etc.

The plaster jacket, when applied with the skill of a Sayre, evidently fulfills the indications handsomely in many cases, yet a jacket of lighter material, such as the one above referred to, which admits of adjustment and removal, subserving the interests of cleanliness, and careful practice, will undoubtedly meet with general acceptance.

ELECTRICITY.—I will only mention briefly that electricity intelligently applied has proven serviceable in paralyzed and atonic muscles; also in irritability and spasmodic contraction of muscles. Local Faradization increases the circulation in the parts. The constant galvanic current has been found useful where the nerves are apparently deficient. The current should follow the physiological course, *i. e.*, if it is intended to affect the nerves of motion, the current should be directed from above downward; if the nerves of sensation are to be influenced, the current should be directed from the periphery to the centre. An application of electricity five or ten minutes two or three times a day is sufficient.

OPERATIVE MEASURES.—But one or two points will be noticed. Tenotomy will, as a rule, be required where organic contraction of muscles has occurred. It may be a question as to whether the limb should be straightened at once or not. The balance of opinion is somewhat in favor

of immediately placing the limb in as nearly a normal position as possible. That has been the practice of the writer, except when severe force (*brisement forcé*) is required, as in fibrous anchylosis, and where contracted fascia must be ruptured. Then it is usually better to await the healing of the external wound. Many cases will upon slight examination appear to require tenotomy, but which, under an anæsthetic, will be found to yield,—not being contractured.

Further. Even when the tissues are contractured to a limited extent, rubbing, passive movement and elastic extension will be found sufficient.

Caries or necrosis of articular ends of bones require operations and treatment which will not be noticed at this time.

As intimated in the beginning of this paper, the principles having special reference to *malformations*, or what the writer has called *numerical defects*, will not be considered at present.

A few words as to the *sphere of Drug Action* will close this already too lengthy paper; and it is admitted at once that this sphere is necessarily a limited one.

There is, however, a disposition among leading practitioners of this specialty to ignore internal medication, and to depend upon external or mechanical measures almost exclusively. Treatment appealing to the system at large in the way of tonics and other generalities is accepted as possibly of some advantage. "Nutritive remedies" are somewhat warmly indorsed. Iron is given when this important *pigment* is supposed to be wanting in the blood; lime is exhibited after the manner of Churchill, because the bones are lacking in this calcareous requisite. Now although this practice comes *ex cathedra*, the scientificness of the method is not exempt from criticism. If physiology teaches that inorganic matters are not assimilated—do not become component parts of the tissues, are thrown off

essentially as received, with other excreta—to what purpose is iron and lime in their inorganic form? Is it forgotten how truly insignificant is the sum total of iron in the whole body, as compared with the quantity exhibited during a "course of treatment?" Iron, phosphorus and lime have their *medicinal* properties, but when it is proposed to furnish them in bulk for purposes of *nutrition*, a correct physiology suggests beef and beans and other organized substances which contain them. A correct appreciation of the relation of drugs to disease might also suggest the plausibility of addressing internal treatment to such affections as Synovitis, Ostitis and even Caries. Is there any valid reason why medicines should not act on bones as well as on lungs or liver? Without entering upon the subject of therapeutics to any great extent, a few points will be mentioned in illustration of the above.

INFLAMMATION OF JOINTS. — Many cases of deformity have their origin in acute inflammations, and it is of special advantage to arrest and circumscribe the initial lesion. With a cause usually traumatic, we find the deep structures first implicated—the articular surface bearing the brunt of the injury; and very soon there is developed a synovitis. Those who have put the following remedies to the test will bear witness to their efficiency: Arnica, Aconite, Bryonia, Belladonna, Mercury.

A more intractable disease is chronic (strumous) inflammation of the joints, usually beginning in the bone and extending later to the other structures. Even here Mercury, and the various preparations of Lime, Sulphur, Lycopodium and Silicea (the latter so absolutely inert in their crude form), have given abundant evidence of their efficiency too often to be doubted.

Another example: Pott's disease begins as an inflammation of the vertebræ, ending in caries and deformity. Early in this affection Belladonna and Mercury are the medicines which oftenest arrest the progress of the disease; and even

where caries has occurred, in addition Phosphate of lime, Silicea and Hecla lava (its near relative) have done much to limit the duration of the disease and prevent its extension.

How frequently are the neuralgias of hip-joint disease relieved by Stramonium, Belladonna and similar remedies; the subsidence of the pain indicating also an improvement of the central lesion, as an effect of the medicine.

It is claimed, therefore, that internal medication has its sphere of specific application, but while this is true, postural and mechanical treatment is neither to be slighted nor ignored.

Lastly, success in orthopraxy depends upon a comprehensive knowledge of details and unlimited patience in their application.

NOTE.—Since the above paper was presented, some improvements upon the Vance jacket have come to the notice of the writer, which warrant the addition of this foot note.

Through the courtesy of Dr. C. B. King, of Allegheny City, the well-known surgeon of West Penn Hospital, an opportunity has been afforded the author of examining one of these jackets in process of construction. Dr. King's method differs in the following particulars: A better glue is made in the proportions of four parts glue, one part boiled linseed oil and one part oxide of iron. The plaster bust is first covered with tissue paper, to prevent sticking. Crinoline is employed instead of strips of paper, as easier of application, stronger and lighter. The jacket is not subsequently lined, but coated with shellac varnish to prevent the moisture of the body from softening the glue. The lining is, further, not considered necessary, as the patient's undershirt is sufficient protection, and it is a tedious process to neatly apply the lining. Dr. King uses hooks for lacing, such as are used in shoes. Air holes are burned through the splint with a heated wire.

Dr. King, while not claiming originality, has introduced several time-saving improvements, and indeed, had made substantially the same brace before he ever heard of Dr. Vance.

The writer has no hesitation in saying, that this form of removable jacket will supersede, with advantage, the plaster splint in nearly every case.

J. H. McC.

DISCUSSION.

DR. KORNDŒRFER.—I have had good results follow in club-foot from having the mother hold the foot in its proper position a few moments at a time, giving the child half a dozen seances per day, the mother two or three hours work. One child which I recall now, at birth, had both feet decidedly deformed; do not recall the exact character at present. I said nothing to the mother, but called the nurse's attention to it. After six months treatment by her, the child was entirely restored, and able to stand upon its feet. Little medicine was used, except for the ordinary children's affections.

In regard to the tendency to curvature, I have a family of six children under care. Each child, when it is old enough to stand, shows a marked tendency to bow-legs. If left alone, this gradually increases. One of them I allowed to run until its fourth year, until its deformity was absolute. By removing this child from activity for several hours each day, and giving Calc. carb., the child's limbs became straight. One child got Calc. phos., and improvement showed itself in less than two months.

DR. BURGHER.—Deformities of the feet have been remedied by passive motion, so also deformities of the long bones. In one case where I refused to apply an apparatus, the mother became anxious, consulted another physician, and the apparatus was applied.

DR. WALKER spoke of a case of Talipes calcaneus, cured by wearing a pasteboard shoe.

On motion, discussion was closed.

DR. J. C. GUERNSEY, Chairman of the Historical Committee, being absent, Dr. Walker reported progress.

DR. B. W. JAMES, Chairman of the Yellow Fever Committee, being absent, Dr. Korndœrfer read the report.

REPORT OF THE COMMITTEE ON YELLOW FEVER.

On receiving word of their appointment, the members of your Committee at once set about performing the duties devolving upon them.

About one hundred and fifty communications were written to homœopathic physicians of the South, and especially to those who resided in or near the infected districts. About one third of the number answered our letters, and from these we have gleaned facts similar to those obtained and published by another Committee.

While the Committee was at work, a Yellow Fever Commission was appointed by Conrad Wesselhœft, M. D., of Boston, Mass., on behalf of the American Institute of Homœopathy, consisting of eleven homœopathic physicians selected from different parts of the country, the Chairman of this Committee being one of that Commission.

The investigations pursued by that body superseded, to a great extent, the work which had already been instituted by the Committee of your Society, but the report of that Commission has furnished good data upon which to base conclusions, and, when compared with other testimony, from various sources, on the subject under consideration, affords us scope for thought and more definite research.

The treatment, as adopted by members of our school, and the results, as compared with old school management, have been made out and published, and they make as favorable a comparison, as our system has shown in former epidemics of Yellow Fever. These being all published your Committee does not deem it necessary to repeat them.

The main difficulties remaining to be grappled with, in regard to Yellow Fever are:

First.—To ascertain the true nature of the cause of the disease, the conditions, *in toto*, of its propagation, and the

requisite agencies that will permanently destroy the contagious principles.

Second.—The effectual destruction of the disease-producing cause upon the appearance of the first case in any locality, and the annihilation of this cause in its lurking places, both during the winter and summer.

Third.—The necessity of constant, compulsory, thorough sanitation of every city where the disease has recently existed, and of all localities where it is likely to gain entrance and spread.

These sanitary requirements are the greatest hindrances in the way of entirely eradicating this malady, as well as in the prevention of its assuming an epidemic form in thickly populated localities.

This problem the health associations and other sanitary bodies of this and other countries ought, by systematic labors, to be able in a short time to accomplish. Until this result is attained, freedom from epidemics of Yellow Fever will never be gained by this country.

Fourth.—The systematizing of the present quarantine rules of the different States and ports of the country, so that all may work harmoniously and energetically together. Regulations should be adopted by the General Government for the management of all coast and internal quarantine stations, both on the water and railroads, so that the greatest good to the greatest number of citizens of the United States will flow therefrom, until an international code of health or quarantine laws shall be adopted by every nation. These should make the latter responsible for the spread of an epidemic from one country to another, where it has not gained a foothold. These regulations will, when generally adopted by nations, work to the mutual advantage of all.

Governments will then take instant action to crush out these epidemic diseases, in their very incipiency, and humanity will be saved many a scourge that is now allowed to spread rampantly over different parts of the world.

National governments would then watch the springing up of these diseases, and would put the proper sanitary cordon instantly around them, and confine them to a limited territory, instead of permitting the present system by which refugees fly to all quarters with the infection in their systems, and like a firebrand, spread the contagion and breed pestilence in any city or town where good sanitation is not maintained.

Fifth.—The next difficulty exists in the profession itself, in not reporting instantly every case of Yellow Fever or other epidemic disease, and even every suspected case, as soon as a diagnosis can be made, in order that prompt efforts may be put forth by the health authorities to destroy the contagion, as far as lies in their power.

Physicians should, with reference to these epidemics, especially, lay down all jealousies, theoretical speculations and personal animosities, and vie with one another in sifting out and recording the facts in every individual case, the peculiarities of the inroad of the disease, and its progress; and, especially, as to how and when the patient was exposed. Then the duration of the exposure should be noted, and any other attending circumstance which would tend to elicit the peculiar features of the commencement and spread of Yellow Fever.

It is now well enough established that, quarantine disinfection, thorough sanitation, isolation of patients from the non-acclimated, and the destruction by fire of infected material, clothing, etc., are essentially requisite to prevent the spread of the disease when a case has developed in any place. But we must continue our research and labors into a field much wider than that heretofore considered, and that is the annihilation entirely of the disease-producing elements.

For treatment and results obtained in the epidemic of 1878, your Committee would respectfully refer to the following:

STATISTICS.—The following facts were obtained by the Yellow Fever Commission, and taken from its report to the Congress of the United States, and to the American Institute of Homœopathy:

"Out of 1,945 cases of Yellow Fever treated homœopathically in the city of New Orleans, there was a loss of 110 patients, a mortality of $5\frac{6}{10}$ per cent. We have 1,939 cases of Yellow Fever treated in cities and towns outside of New Orleans with a loss of 151 patients, a mortality of $7\frac{7}{10}$ per cent. This makes a total of 3,914 cases of Yellow Fever treated homœopathically during the epidemic of 1878 with a loss of 261 patients, a mortality of $6\frac{6}{10}$ per cent. We have moreover reports of 555 cases treated homœopathically in the great epidemic of 1853, with a loss of 33 patients, a mortality of 6 per cent. Also, reports of 2,100 cases treated during the several minor and much milder epidemics, which occurred between 1853 and 1878, with a loss of 66 patients, a mortality of $3\frac{1}{10}$ per cent. Making a grand total of 6,569 cases treated by homœopathic physicians, with a loss of 360 patients, a mortality of $5\frac{4}{10}$ per cent. The number of cases reported as occurring in 1878 among negroes, including mulattoes, was exactly 900, with a loss of 27 patients, a mortality of 3 per cent."

Statistics from the report of the Relief Association of New Orleans: "The total number of Yellow Fever cases treated homœopathically under the auspices of this Association was 5,640; of this number 3,184 were within the city limits, and 2,456 were in towns, villages and hamlets in the adjacent fever districts, mainly in Mississippi, on or near the line of the Chicago, St. Louis and New Orleans Railroad. Of these 3,184 cases treated in the city, 164 died, a mortality of $5\frac{2}{10}$ per cent. Of the 2,456 treated in outlying points 174 died, a mortality of 6 per cent. Of the entire number treated, 2,953 were under fifteen years of age, and the loss was 124, a mortality of $4\frac{2}{10}$ per cent. Examining more into details, it is found that 231 cases of black vomit

were treated by the physicians and laymen of the Association, of which 173 recovered.

The total number of cases in the United States during 1878, from all sources, was 69,187. The total number of deaths in the United States was 16,296. This shows an average death-rate of 25 per cent."

TREATMENT.—The report says: "The foot-baths, the spongings, the enemas, the warm and cold applications, the frictions, the stimulants, the regulations of diet and covering, &c., are neither allopathic nor homœopathic measures. They are not medicines at all, but appliances based upon a knowledge of physiology and hygiene, and open to gentlemen of all schools. The homœopathists showed themselves faithful students and disciples of Nature, not only in their judicious use of these things, but in their uniform advocacy of plenty of fresh air, light covering, cold water, and an abstinence from all perturbating treatment in which they had often to contend with violent prejudices of the people, long trained in false doctrines of the old system. To contrast the treatment of the two schools more thoroughly, we make out a list of the most noted allopathic remedies: Blood-letting, leeching, blistering, calomel, quinine, saline purgatives, antimonials, sugar of lead, bismuth, creosote, turpentine, carbolic acid, capsicum, iron, ether, musk and strychnine. The homœopathic treatment consisted of Aconite, Belladonna and Bryonia for the first stage; Arsenicum, Carbo veg. and Crotalus for the second. The great therapeutic question of the first stages, how to reduce the extremely high temperature which, if long continued, will inevitably destroy the integrity of the blood and arrest the process of nutrition in the molecules of every organ of the body." Aconite in small doses frequently repeated, was the chief remedy for this condition.

H. W. FULTON, M. D.,
J. M. MAURER, M. D.,
B. W. JAMES, M. D.,
Committee.

DR. W. R. CHILDS, Necrologist, presented his report. He said, "I have but one death to report. I have, however, just learned of the death of Dr. H. E. Reinhold, of Williamsport. I think it is the duty of every member of the Society to give the Necrologist notice of such deaths. Reports are gotten up in neat form, and it requires some time to do it."

REPORT OF THE NECROLOGIST.

William Harvey Cooke, M. D., of Carlisle, was born at York Sulphur Springs, Adams County, Pa., January 1st, 1829. The ancestry of Dr. Cooke came from Great Britain in the latter part of the seventeenth and the beginning of the eighteenth centuries, and settling around Philadelphia, many of them became large land owners in the new province. The family history has been well preserved, and can be traced back through a long line of English ancestry of twenty-two generations, to Richard De Guytpyn, in 1206, who was then owner and occupant of the manor of Kentmere, in the north of England, during the reign of King John. Among this extended ancestry were men noted for valor, renowned in literature, and distinguished, both in Church and State.

Our late member was first educated in his native village school, afterwards at a Friends' Academy in Chester Co., Pa. He spent several years in teaching, also some time in travel in the States, living for several years on the western frontier, during the Kansas and Nebraska troubles; filling important offices in the latter Territory, now State, and taking a prominent part in the initial civic organizations then being formed in its wilds. In 1859, he returned to his native State. He read medicine with Dr. J. H. Marsden, and graduated at Jefferson Medical College, Philadelphia, Pa., in 1862. He married Miss Elizabeth Richmond Marsden, only surviving child of his preceptor, and shortly after,

commenced the practice of medicine according to the law *similia similibus curantur*, at Carlisle, Pa., one of the most beautiful inland towns of Pennsylvania.

His rare gifts and acknowledged skill in this, his chosen profession, soon secured him an extensive practice, not only among the intelligent and influential residents of this old town, but it extended largely through that wealthy and fertile region, known as the Cumberland Valley. His health, during his professional career, was always feeble, and his ardent devotion to his duties, while it secured to him remarkable success and the unbounded confidence of his patients, left him but limited time for study and companionship with his wife and interesting family of children.

In 1866 he was elected a member of the American Institute of Homœopathy, and was one of the original members of this, our State Society.

He issued the call resulting in the organization of the Homœopathic Medical Society of the Cumberland Valley. He gave much attention to meteorology, having been for some years a member of the corps of observers and a correspondent of the Smithsonian Institute of Washington, D. C.

Dr. Cooke was a gentleman of rare culture, refined taste, gentle and winning in his intercourse with others; an active and zealous churchman, and a vestryman of St. John's Parish, Carlisle. The following is one of the resolutions adopted by the corporation of this Church, including some of the most distinguished citizens of the place:

"*Resolved*, That the rector, wardens and vestrymen of St. John's Church hereby place on record an expression of their affection and respect for their friend and associate, William H. Cooke, M. D., who entered into rest on the 21st of March, 1879. During the many years in which Dr. Cooke has been a communicant and vestryman, he has shown his love for the church, and his readiness to give labor, prayers and pecuniary aid to further the welfare of this Parish, while all has been done in a quiet, unobtrusive

way, from a loving, gentle heart. We realize that a good man has gone from among us, whose presence will be greatly missed. His memory will be cherished and his example be commended for imitation. We will attend his funeral this day in a body."

To show how much this quiet, christian man and physician was loved and esteemed, your necrologist is informed, that, notwithstanding the inclemency of the March day upon which the last sad rites of burial were accorded him, there were many representatives of all classes, from the surrounding towns and villages, in attendance at the funeral.

Dr. W. H. Cooke departed this life on March 21st, 1879, leaving a stricken wife and eight children to mourn his loss. It may well be said in reference to our brother, "His sun has gone down while it is yet day."

NEW BUSINESS.

DR. W. R. CHILDS.—Dr. B. W. James has sent a suggestion that the name of the "Bureau of Climatology" be changed to that of "Bureau of Sanitary Science," as he could not get physicians to write up the local climatology.

Dr. BURGHER moved that the name of the Bureau of Climatology be changed to the Bureau of Sanitary Science.

DR. CHILDS moved to amend and call it the Bureau of General Sanitary Science. Carried.

DR. MCCLELLAND.—As there is some conflict in the duties of the Secretaries which should be corrected, I move that the By-Laws relating to their duties be referred to the Secretaries, as a committee, for correction and modification, and that they report at the next annual meeting. Carried.

DR. WINSLOW.—I would inquire whether there is any By-Law or Resolution which authorizes the *Hahnemannian* to publish such papers of the Society as the editor may select?

DR. CHILDS.—At the last annual meeting the *Hahnemannian* was made the official organ of this Society.

DR. BURGHER.—I move that the editor of the *Hahnemannian* have the privilege of publishing the papers of the Society. Carried.

DR. J. K. LEE.—Inasmuch as there is some arduous labor for the Recording Secretary, in taking short hand reports of our meetings, I move there be some remuneration, the amount to be left blank. Carried.

DR. CHILDS.—I move that the remuneration be the payment of his traveling expenses, including this year. Carried.

DR. KORNDŒRFER moved that Section 1, of By-Laws, be set aside. Carried.

DR. BURGHER moved that the time and place of meeting be fixed at each regular annual meeting. Carried.

The selection of a place for the next annual meeting being in order, Pittsburgh, Bedford, Easton, Harrisburg, Philadelphia and Cresson were mentioned.

DR. WINSLOW recommended Easton as a college city of rare culture and beautiful scenery.

DR. KORNDŒRFER suggested that we had been in the habit of meeting in Pittsburgh, Harrisburg and Philadelphia, in alternation.

DR. BURGHER facetiously remarked that we had *alternated* now, until we were nearly out of existence.

DR. J. K. LEE.—I favor Easton. It is a delightful place, near the Delaware Water Gap. We should go where we have not met before. I move that the next regular meetmeeting be held at Easton. Carried.

DR. CHILDS moved that the date be the first Wednesday in September, 1880. Carried.

DR. MCCLELLAND moved that the Committee of Arrangements have latitude of one week as to date of meeting. Carried.

On motion of Dr. McClelland, votes of thanks were extended to the retiring officers, and to Col. E. J. Unger for

the use of the Chapel and other courtesies extended. Carried.

The President announced the following Bureaus, Committees, &c.:

BUREAUS OF THE SOCIETY FOR 1880.

MATERIA MEDICA AND PROVINGS.—E. A. Farrington, M. D., Chairman; A. Lippe, M. D.; W. J. Martin, M. D.; D. M. Graham, M. D.; P. Dudley, M. D.

OBSTETRICS.—R. J. McClatchey, M. D., Chairman; H. N. Guernsey, M. D.; M. M. Walker, M. D.; M. Friese, M. D.; C. T. Canfield, M. D.

GYNÆCOLOGY.—C. P. Seip, M. D., Chairman; B. F. Betts, M. D.; M. J. Chapman, M. D.; J. H. Marsden, M. D.; H. W. Fulton, M. D.

CLINICAL MEDICINE.—A. Korndœrfer, M. D., Chairman; C. Mohr, M. D.; J. S. Rankin, M. D.; C. F. Bingaman, M. D.; S. W. S. Dinsmore, M. D.

SURGERY.—John J. Detwiller, M. D., Chairman; J. E. James, M. D.; J. H. McClelland, M. D.; M. J. Buck, M. D.; W. R. Childs, M. D.

OPHTHALMOLOGY AND OTOLOGY.—C. M. Thomas, M. D., Chairman; W. H. Winslow, M. D.; R. E. Caruthers, M. D.; B. W. James, M. D.; W. H. Bigler, M. D.

GENERAL SANITARY SCIENCE.—T. M. Strong, M. D., Chairman; B. W. James, M. D.; J. W. Allen, M. D.; W. H. H. Neville, M. D.; W. F. Edmundson, M. D.

COMMITTEES.

HISTORICAL COMMITTEE.—J. C. Guernsey, M. D., Chairman; H. Detwiller, M. D.; M. M. Walker, M. D.; E. J. Lee, M. D.; S. Woods, M. D.

YELLOW FEVER COMMITTEE.—B. W. James, M. D., Chairman; H. W. Fulton, M. D.; J. M. Maurer, M. D.

COMMITTEE ON LEGISLATION.—J. K. Lee, M. D., Chairman; S. F. Charlton, M. D.; J. H. McClelland, M. D.

COMMITTEE OF PUBLICATION.—Z. T. Miller, M. D., Chairman; R. E. Caruthers, M. D.; W. H. Winslow, M. D.; J. F. Cooper, M. D.

COMMITTEE ON SUBSCRIPTIONS.—J. F. Cooper, M. D.

COMMITTEE OF ARRANGEMENTS.—The Officers of the Society.

DELEGATES TO THE AMERICAN INSTITUTE OF HOMŒOPATHY.—H. H. Hofmann, M. D.; H. N. Guernsey, M. D.; A. Korndœrfer, M. D.; L. M. Rousseau, M. D.

On motion of Dr. Burgher, the Society proceeded to the election of officers. Drs. W. J. Martin and J. W. Allen were appointed tellers.

DR. J. F. COOPER.—I rise to nominate for President my old friend and class-mate, Dr. J. K. Lee, of Philadelphia.

The nominations were closed and Dr. Lee elected by acclamation.

Nominations for the other offices were then made, and elections held.

OFFICERS OF THE SOCIETY.

PRESIDENT,	J. K. Lee, M. D., Philadelphia.
FIRST VICE PRESIDENT,	Henry Detwiller, M. D., Easton.
SECOND VICE PRESIDENT,	J. Wesley Allen, M. D., Altoona.
RECORDING SECRETARY,	Z. T. Miller, M. D., Pittsburgh.
CORRESPONDING SECRETARY,	R. E. Caruthers, M. D., Allegheny.
TREASURER,	J. F. Cooper, M. D., Allegheny.
NECROLOGIST,	W. R. Childs, M. D., Pittsburgh.

BOARD OF CENSORS.—Drs. R. J. McClatchey, J. S. Rankin, J. H. McClelland.

On motion of Dr. Winslow, the Janitor's fee of $5.00 was ordered paid from the Society funds.

DR. MCCLELLAND.—On account of the very efficient services rendered by the retiring Corresponding Secretary, I move that the Society extend to him a vote of thanks. Carried.

DR. WILLARD, the retiring President, expressed thanks to the Society for its attention, and hoped that all the members felt that they had had a pleasant and profitable meeting.

DR. J. K. LEE.—I desire to express my thanks for the honor conferred upon me. It was entirely unexpected to me, and therefore the more grateful to my feelings.

DR. CHILDS suggested that the best means of securing a good attendance at future meetings would be the getting out of the proceedings for the present year.

DR. COOPER said there is a large amount standing out in the shape of dues, which will not be collected, unless the

Transactions are issued very soon, and suggested that the incomplete papers be put in the hands of the Committee at once, as they must go to the printer within one month.

DR. MCCLELLAND moved that papers not completed in fifteen days be rejected, if they delay the getting out of the Transactions. Carried.

DR. J. K. LEE suggested that Dr. Winslow publish a stirring appeal in the *Hahnemannian* prior to the next annual meeting.

DR. WINSLOW expressed a willingness to do all in his power to further the interests of the State Society.

The minutes of the meeting were approved.

Upon motion, the Society adjourned to meet at Easton early in September, 1880.

Constitution and By-Laws.

CONSTITUTION.

ARTICLE I.

This Association shall be known as the Homœopathic Medical Society of the State of Pennsylvania, and its object shall be the advancement of medical science.

ARTICLE II.

Any physician of good moral character, who has received the degree of Doctor of Medicine from some regularly incorporated Medical College, and who subscribes to the doctrine "*Similia Similibus Curantur*," may be elected a member of this Society, upon the recommendation of the Board of Censors, by a vote of two-thirds of the members present at any annual meeting.

ARTICLE III.

Every member shall, upon his admission, sign the Constitution, and pay the initiation fee.

ARTICLE IV.

Any non-resident* physician, who shall be judged worthy, from his attainments in medicine or its collateral branches, may be elected a corresponding or honorary member, by a vote of two-thirds of the members present at any annual

*"*Resolved*, That the term 'non-resident,' as applied to corresponding members in Art. IV, of the Constitution, applies to physicians living without the limits of the United States." Adopted Feb. 6, 1878.

meeting, and may participate in the proceedings of the Society, but shall have no vote, and shall be ineligible to office.

ARTICLE V.

The officers of this Society shall consist of a President, two Vice-Presidents, a Recording Secretary, a Corresponding Secretary, a Treasurer, and three Censors, who shall be elected by ballot by a majority of the members present, at every annual meeting, and who shall hold office until their successors are elected.

ARTICLE VI.

The President shall preside at the meetings of the Society, preserve order therein, put questions, announce decisions, and appoint committees not otherwise ordered.

ARTICLE VII.

The Vice-Presidents, in the order of their election, shall discharge the duties of the President in his absence.

ARTICLE VIII.

SEC. 1. The Secretaries shall give notice of the meetings of the Society, keep a record of its proceedings, conduct its correspondence, and have charge of its archives.

SEC. 2. The Recording Secretary shall keep a record of all the proceedings and resolutions, the names of all delegates and members, with the date of admission of each; notify all committees of their appointments and of the business referred to them; notify all members of their election; authenticate by his signature all papers and acts of the Society, when the occasion requires it, and bring before the Society communications and business needing its action, not otherwise presented.

SEC. 3. The Corresponding Secretary shall receive and preserve all letters addressed directly to the Society; open and maintain such correspondence as shall tend to advance

its interests; give at least two weeks previous notice of all meetings of the Society, to the members, and keep a record of all the discussions on any and all the branches appertaining to Medical Science that may occur in the Society.

ARTICLE IX.

The Treasurer shall receive all moneys, and make all necessary disbursements, and make an annual report to the Society in writing.

ARTICLE X.

The Censors shall receive applications for membership, and report to the Society those qualified for admission.

ARTICLE XI.

The annual meetings of the Society shall be held at such time and place as shall be designated at the annual meeting next preceding.

ARTICLE XII.

Seven members of this Society shall constitute a quorum.

ARTICLE XIII.

Any article of this Constitution may be altered or amended by a vote of two-thirds of the members present at the annual meeting; provided, that notice of such intended alteration or amendment shall have been given to the Society when in session at the annual meeting next preceding.

BY-LAWS.

SECTION I.

The annual meeting of the Society shall be held at 10 A. M., on the third Wednesday in September, in Philadelphia, Pittsburgh and Harrisburg, in rotation.*

SECTION II.

The initiation fee shall be two dollars, and each active member shall pay three dollars annually thereafter.

All delinquents, to the amount of six dollars, shall be notified by the Treasurer, and, if their accounts are not settled within three months thereafter, such delinquents shall be dropped from the roll, and shall not be re-admitted until all dues have been paid.

SECTION III.

It shall be the duty of each member to attend the annual meetings of the Society; or, if unable to attend, to furnish the Secretary with some satisfactory reason for his absence, which shall be laid before the Society at its annual meetings.

SECTION IV.

At each annual meeting there shall be appointed:—A Bureau of Materia Medica and Provings; one of Clinical Medicine and Zymoses; one of Surgery; one of Obstetrics and Diseases of Women and Children; one of General Sanitary Science, and a Historical Committee.

Each Bureau shall consist of five members, and shall report to the Society at the next succeeding annual meeting.

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*This By-Law was rescinded by vote of the Society Sept. 3d, 1879, and a resolution passed, that the place of meeting be determined, by vote of the Society, at the annual meeting next preceding.

SECTION V.

No paper shall occupy, in its presentation, a longer time than fifteen minutes, except by a vote of the Society, but a synopsis may be presented instead, and the report itself be referred to the Committee of Publication.

SECTION VI.

All communications and all reports of Bureaus read before the Society, shall become its property, but their acceptance and publication, shall not be intended by the Society as an endorsement. No paper shall be published as part of the Transactions of the Society without its sanction.

SECTION VII.

Each county, or local society, shall be invited to prepare and discuss, during the year, a paper upon some medical subject, and present it to the State Society at its annual meeting.

Of the papers thus offered, the one deemed most worthy shall be selected as the State Society paper for presentation to the American Institute of Homœopathy.

SECTION VIII.

Unfinished reports, or papers, will not be received by the Society, and no report or paper referred to the Committee of Publication, shall pass out of its custody, except as may be ordered by the Society.

SECTION IX.

The Secretaries shall solicit an exchange of publications with other State Societies, and report annually their condition and prospects.

SECTION X.

The Code of Ethics adopted by the American Institute of Homœopathy at its Twenty-first session, shall be the Code of Ethics of this Society.

SECTION XI.

The annual election of officers for the ensuing year shall take place during the last meeting of the session.

SECTION XII.

The annual order of business shall be arranged by the Recording and Corresponding Secretaries.

SECTION XIII.

These By-Laws may be altered or amended at any regular meeting, by a vote of a majority of the members present.

LIST OF MEMBERS.

1870. Allen, J. W., M. D., Altoona.
1866. Ashton, A. H., M. D., 730 S. 10th St., Philadelphia.
1876. Bechtel, J. W., Jr., M. D., Harrisburg.
1875. Betts, B. F., M. D., 1700 Girard Av., Philadelphia.
1872. Bigler, W. H., M. D., 1302 N. 6th St., Philadelphia.
1873. Bingaman, C. F., M. D., 294 Penn Av., Pittsburgh.
1868. Boardman, W. H., M. D., Butler St., Pittsburgh.
1878. Boley, A., M. D., Edenburg (Knox P. O.).
1872. Bowie, A. P., M. D., Uniontown.
1868. Bowman, Benj., M. D., Chambersburg.
1875. Bradford, L. J., M. D., Sylvania.
1868. Brickley, Jeremiah W., M. D., York.
1872. Brickley, Obadiah C., M. D., York.
1879. Buck, M. J., M. D., Altoona.
1873. Buffum, J. H., M. D., 3d Av. and 23d St., New York.
1877. Bullard, J. A., M. D., Wilkesbarre.
1866. Burgher, J. C., M. D., 332 Penn Av., Pittsburgh.
1875. Canfield, Corresta T., M. D., Titusville.
1868. Carmany, C. J., M. D., Harrisburg.
1873. Caruthers, R. E., M. D., 107 Arch St., Allegh'y City.
1873. Chantler, I. B., M. D., Sewickley.
1875. Chapman, Millie J., M. D., 216 Penn Av., Pittsb'gh.
1868. Charlton, S. F., M. D., Harrisburg.
1866. Childs, W. R., M. D., 306 Penn Av., Pittsburgh.
1868. Christ, Wm. F., M. D., Parryville.
1873. Clark, J. N., M. D., Harrisburg.
1873. Cook, I. Elmer, M. D., Harrisburg.
1866. Cooper, J. F., M. D., 87 Arch St., Allegheny City.
1866. Cowley, David, M. D., Station A, Pittsburgh.
1875. Crawford, J. S., M. D., Greensburg.
1866. Dake, B. F., M. D., 310 Penn Av., Pittsburgh.
1875. Dartt, R. L., M. D., Bellefonte.
1866. Detwiller, Henry, M. D., Easton.

1866. Detwiller, John J., M. D., Easton.
1879. Detwiller, John W., M. D., Bethlehem.
1878. Dinsmore, S. W. S., M. D., Sharpsburg.
1867. Dudley, Pemberton, M.D., 15th & Master St., Phila.
1878. Duff, P. S., M. D., Great Belt.
1875. Dunn, Jas. L., M. D., Titusville.
1870. Earhart, J. R., M. D., 1839 Arch St., Philadelphia.
1873. Edmundson, W. F., M. D., 375 5th Av., Pittsburgh.
1870. Farrington, E. A., M. D., 1738 Green St., Philad'a.
1870. Frasier, J. B., M. D., Conneautville.
1873. French, Harriet S., M. D., 337 N. 11th St., Philad'a.
1866. Friese, Michael, M. D., Harrisburg.
1873. Fulton, H.W., M. D., Penn & Hiland Av., Pittsburgh.
1875. Gambel, H. J., M. D., Monongahela City.
1867. Garvin, John J., M. D., 1546 N. 11th St., Philad'a.
1866. Gause, Owen B., M. D., 1519 Arch St., Philad'a.
1870. Gessler, C. W., M. D., 1332 S. 5th St., Philadelphia.
1879. Getze, Geo. M., M. D., Tarentum.
1875. Goodno, W. C., M. D., 4003 Chestnut St., Philad'a.
1875. Graham, D. M., M. D., Altoona.
1867. Gramm, G. E., M. D., 1656 Vienna St., Philad'a.
1877. Griffith, W. M., M. D., 2035 Ridge Ave., Philad'a.
1877. Griffith, W. H. G., M. D., Hulmeville.
1877. Grumbein, Wm., M. D., Annville.
1866. Guernsey, H. N., M. D., 1423 Chestnut St., Philad'a.
1874. Guernsey, J. C., M. D., 1439 Walnut St., Philad'a.
1875. Guernsey, W. J., M. D., 4430 Frankford Av., Phila.
1867. Gumpert, B. Barton, M. D., 840 Franklin St., Phila.
1879. Hall, Wm. D., M. D., Altoona.
1873. Harpel, Edw. N., M. D., Shenandoah.
1873. Hawley, L. B., M. D., Phœnixville.
1873. Herron, C. D., M. D., 17 Butler St., Pittsburgh.
1866. Hofmann, H. H., M. D., 260 Penn Av., Pittsburgh.
1873. Hoyt, C. W., M. D., Sharon.
1871. Huebener, O. T., M. D., Litiz.
1866. James, Bushrod W., M. D., 18th & Green Sts., Phila.

1867. James, John E., M. D., 10th and Green Sts., Phila.
1870. James, Walter M., M. D., 123 N. 21st St., Philad'a.
1877. Johnson, Maria N., M. D., 820 N. 10th St., Philad'a.
1869. Jones, Jos. E., M. D., West Chester.
1866. Karsner, Chas., M. D., 4845 Germantown Av., Phila.
1875. Kern, W. H., M. D., McKeesport.
1877. Knerr, C. B., M. D., 112 N. 12th St., Philadelphia.
1866. Koch, Aug. W., M. D., 118 N. 12th St., Philad'a.
1873. Koenig, M. J., M. D., Jersey Shore.
1872. Korndœrfer, Aug., M. D., 648 N. 12th St., Philad'a.
1877. Lee, E. J., M. D., 110 S. 21st, Philadelphia.
1879. Lee, John K., M. D., Johnstown.
1866. Lee, John K., M. D., 3800 Chestnut St., Philad'a.
1873. Leech, J. Stuart, M. D., Downingtown.
1873. Lefever, Isaac, M. D., Harrisburg.
1867. Lippe, Ad., M. D., 1204 Walnut St., Philadelphia.
1866. Liscomb, P. D., M. D., Beaver Falls.
1869. Macfarlan, Malcolm, M. D., 1805 Chestnut St., Phila.
1868. Malin, Geo. W., M. D., Germantown Av., Philad'a.
1866. Malin, Jno. W., M. D., 70 W. Chelten Av., Phila.
1877. Malin, Wm. H., M. D., Chestnut Hill, Philadelphia.
1866. Marsden, J. H., M. D., York Sulphur Springs.
1866. Martin, H. N., M. D., 500 N. 18th St., Philadelphia.
1877. Martin, W. J., M. D., 1708 Carson St., S. S., Pittsb'gh.
1878. Maurer, J. M., M. D., Washington.
1871. Mercer, Robert P., M. D., Chester.
1871. Middleton, Caleb S., M. D., 646 N. 10th St., Phila.
1877. Miller, Z. T., M. D., 1729 Carson St., S. S., Pittsb'gh.
1870. Moore, Thos., M. D., Germantown, Philadelphia.
1875. Mohr, C., M. D., 1317 Green St., Philadelphia.
1866. Morgan, Jno. C., M. D., 1706 Green St., Philad'a.
1866. McClatchey, Robt. J., M. D., 918 N. 10th St., Phil'a.
1867. McClelland, J. H., M. D., 319 Penn Av., Pittsb'gh.
1879. McClelland, Jno B., M. D., 319 Penn Av., Pittsb'gh.
1866. Neville, W. H. H., M. D., 19th & Fairmount Av., Phila.
1869. Ostrander, W. M., M. D., Pittston.

1870. Parsons, Anson, M. D., Springboro'.
1868. Pfouts, J. S., M., Wilkesbarre.
1870. Pierce, W. A. D., M. D., Leopard.
1871. Pratt, Trimble, M. D., Media.
1866. Preston, Coates, M.. D., Chester.
1866. Preston, Mahlon, M. D., Norristown.
1875. Ramage, R. Y., M. D., Mansfield.
1872. Rankin, J. S., M. D., 59 Grant St., Pittsburgh.
1866. Raue, Chas. G., M. D., 121 N. 10th St., Philad'a.
1867. Reading, E., M. D., Hatboro'.
1866. Reading, John R., M. D., Somerton.
1878. Rinehart, C. C., M. D., Marion Sta., Pittsburgh.
1871. Rittenhouse, S. R., M. D., Reading.
1873. Robbins, C. W., M. D., 1408 Richmond St., Phil'a.
1873. Robbins, Emily R., M. D., 1408 Richm'd St., Phil'a.
1873. Roseberry, C. F., M. D., Easton.
1866. Rousseau, L. M., M. D., 210 Penn Av., Pittsburgh.
1872. Rutter, J. C., M. D., Bloomsburg.
1872. Sartain, Harriet J., M. D., 210 Franklin St., Phil'a.
1874. Schmucker, F. R., M. D., Reading.
1866. Seip, C. P., M. D., 260 Penn Av., Pittsburgh.
1875. Shannon, O. R., M. D., 207 Lacock St., Allegh'y City.
1879. Shannon, S. F., M. D., Sewickley.
1875. Skeels, J. S., M. D., Albion.
1870. Spencer, J. H., M. D., 1306 N. 7th St., Philad'a.
1872. Speth, W. F., M. D., Lewistown.
1867. Stevens, Charles A., M. D., Scranton.
1875 Strong, T. M., M., D., 56 Montgomery Av., Allegh'y.
1871. Thomas, A. R., M. D., 1733 Chestnut St., Phil'a.
1877. Thomas, Chas. M., M. D., 1319 Arch St., Philadelphia.
1877. Van Artsdalen, C., M. D., Shoemakertown.
1876. Van Scoyoc, L. G., M. D., York Sulphur Springs.
1867. Walker, Mahlon M., M. D., Germantown, Philad'a.
1871. Wallace, Thos. C., M.D., 255 Beaver Av., Allegheny.
1866. Wallace, M.W., M.D., 35 N. Diamond St., Allegheny.
1871. Wareheim, Edward A., M. D., Glen Rock.

1870. Waters, Geo. H., M. D., 474 N. 6th St., Philadelphia.
1870. White, N., M. D., New Castle.
1866. Williams, Thos. C., M. D., 567 N. 5th St., Philad'a.
1873. Williamson, M. S., M. D., 29 N. 11th St., Philad'a.
1866. Willard, L. H., M. D., 67 Arch St., Allegheny City.
1870. Willits, Wm., M. D., Williamsport.
1877. Winslow, W. H., M. D., 334 Penn Av., Pittsburgh.
1866. Wood, Jas. B., M. D., West Chester.
1873. Woods, Stephen, M. D., 264 Penn Av., Pittsburgh.
1874. Young, J. H., M. D., 1910 Pine St., Philadelphia.

HONORARY MEMBERS.

1868. Dake, Jabez P., M. D., Nashville, Tenn.
1868. Doran, Charles R., M. D., Hagerstown, Md.
1868. Helmuth, Wm. Tod, M. D., New York City.
1868. Paine, H. M., M. D., Albany, N. Y.
1868. Pulte, J. H., M. D., Cincinnati, Ohio.
1868. Rockwith, F. A., M. D., East Saginaw, Mich.
1868. Talbot, I. T., M. D., Boston, Mass.

CORRESPONDING MEMBERS.

1873. Alvarez, Paz, M. D., Madrid, Spain.
1873. Chauvet, Fernand, M. D., Tours, France.
1873. Eidherr, Francis, M. D., Vienna, Austria.
1873. Nichol, Thomas, Montreal, Canada.
1873. Pope, Alfred C., M. D., London, England.

NECROLOGICAL LIST.

1866. Barnaby, John E., M. D., died Jan. 5th, 1869.
1867. Barrett, Charles B., M. D.
1870. Bratt, Benj. R., M. D., died Jan. 31st, 1872.
1866. Brooks, Silas S., M. D., died July 2d, 1871.
1866. Cooke, Wm. H., M. D., died March 21st, 1879.
1866. Cote, M., M. D., died May 29th, 1878.
1871. Dreibelbis, David L., M. D.
1866. Frost, J. H. P., M. D., died Jan. 21st, 1875.
1866. Gardiner, Richard, M. D., died March 22d, 1877.
1870. Guernsey, Wm. F., M. D., died Feb. 16th, 1877.
1866. Herron, James A., M. D., died Nov. 15th, 1868.
1873. Houard, J. G., M. D., died 1878.
1866. James, David, M. D., died June 6th, 1873.
1866. Jeanes, Jacob, M. D., died Dec. 18th, 1877.
1871. Lovejoy, E., M. D. (honorary), died Aug. 15th, 1872.
1868. Payne, Wm. E., M. D. (honorary), died Mar 9th, 1877.
1870. Reinhold, H. E., M. D., died August —, 1879.
1866. Roberts, R. Ross, M. D.
1872. Scott, James L., M. D., died Aug. 15th, 1876.
1870. Taudte, F., M. D., died March 27th, 1878.
1866. Williamson, Walter, M. D., died Dec. 19th, 1870.
1866. Williamson, Walter M., M. D., died May 5th, 1874.